



Singapore Royal Rangers Junior Academy

Jan 29 - 30, 2010

PURPOSE of JUNIOR ACADEMY

- Junior Academy trains men and women, boys and girls how to operate a Junior Leadership Academy.
- Trainees will be taught organizational skills needed to run a Junior Leadership Academy.
- Upon graduation trainees will be eligible to serve on the staff of any Junior Training Camp.

WHO CAN ATTEND (prerequisites)

The JA is for Expedition Ranger who has completed AJTC and Commander who has completed NTC.

FOR OFFICE USE

REC:
DUE:

Royal Rangers
JUNIOR ACADEMY
APPLICATION



Date and Time: 8pm, 29 January 2010-
6pm, 30 January 2010

REGISTRATION:

- Camp fees \$40
- Please submit this form with full fees to the JA camp commander on 29th January 2010.

APPLICANT'S DETAIL

Name: _____ Gender: _____
Birth certificate or NRIC #: _____ Date of birth: _____ Age: _____
Address: _____
Telephone: (hp) _____ (home phone) _____
Commander's name: _____ Outpost #: _____
Name of siblings in camp: _____
Head circumference for beret: _____ " (inches)

PARENTAL OR GUARDIAN CONSENT

I, (Parent's name) _____, (Parent's NRIC#) _____,
hereby authorize (applicant's name) _____ to attend the
Royal Rangers Junior Academy. I understand that adequate precautions for the safety of my child
will be taken. I will not hold the local church or its leaders, or Assemblies of God Singapore General
Council responsible for any accidents, mishap or death that may occur during the above camp.
Address: _____ Relationship to child: _____
Parent Telephone: (hp) _____ (home) _____ (office) _____
Parent's Signature: _____ **Date:** _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Contact Name: _____ Relationship to child: _____
Contact Telephone: (hp) _____ (home) _____ (office) _____

SENIOR COMMANDER'S RECOMMENDATION

The above applicant has fulfilled the stated prerequisites. I recommend him/her for the camp.

S.C. Signature: _____ **S.C. Name:** _____



EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

*This form must be signed by parent or guardian, and must accompany your son/daughter to the Junior Academy. The purpose of this form is to make it possible for camp leaders or first-aiders to authorize emergency treatment for **minor** Royal Rangers who may become ill or injured. You can authorize such treatment for your child/ward, by completing this form:*

I, (Parent's name) _____ of (Parent's address) _____, the
(father/mother/guardian) _____ of (applicant's name) _____, a minor, who is
attending a Royal Ranger event, do hereby give my consent, in the event the administration of any
treatment is deemed necessary by licensed physicians, dentists or emergency personnel.

Signature: _____

NRIC #: _____ Date Signed: _____

Home Phone: _____ Office Phone: _____

Doctor's Name: _____ Doctor's Phone: _____

Medical Insurance Company: (if available) _____

Medical Insurance Policy Number: _____

YOUR CHILD'S MEDICAL HISTORY:

Good Health? _____

Allergies? _____

Physical Impairments (heart, epilepsy, etc.)? _____

Specify Any Medications that must be administered: _____

Date of last TETANUS Shot: _____

Any Other Instructions? _____

To Bring List for Junior Academy 2010

CLOTHING

- Complete Class B Khaki uniform (1 Set)
- Long bottom wear - for outdoor activities (e.g. Jeans/Track pants) (1 Pairs)
- Shorts (1 Pairs)
- Royal Rangers T-shirts (2 Sets)
- Underclothing (2 Sets)
- Socks (2 Pairs)
- Sandals/Slippers (1 Pair)
- Sport Shoes – for outdoor activities (1 Pairs)

PERSONAL ITEMS

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Bible & Pen<input type="checkbox"/> Sleeping bag<input type="checkbox"/> Toilet Paper<input type="checkbox"/> Towel<input type="checkbox"/> Water bottle<input type="checkbox"/> Flashlight with extra batteries<input type="checkbox"/> Soap and Shampoo | <ul style="list-style-type: none"><input type="checkbox"/> Toothbrush and Toothpaste<input type="checkbox"/> Insect repellent (NO mosquitoes coils)<input type="checkbox"/> Cup, fork and spoon<input type="checkbox"/> Duffel bag or backpack<input type="checkbox"/> Bag for dirty clothes<input type="checkbox"/> <u>Sewing Kit (travel size)</u> |
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OPTIONAL ITEMS

- Aspirin or other medication
- Nail clippers with fingernail file
- Personal 1st Aid Kit
- Cap



Singapore Vision Farm – 50 Jalan Lekar S698945

Nearest MRT: Choa Chu Kang.

Bus numbers: 172 (Choa Chu Kang Interchange = Boon Lay Interchange)

975 (Bt Panjang Interchange- loop service)

Online Map details - http://sg.shownearby.com/places/23gtb-8y/50_jalan_lekar/map

