



Singapore Royal Rangers Junior Survival Camp Mar 17 - 20, 2010 "Trusting in God"

GOALS

1. To train and prepare Royal Rangers young men/women for leadership roles in the local outpost.
2. To learn the value of trusting God, while gaining advanced skills in the areas of wilderness survival and working as a team.

THE PLAN

Junior Survival Camp (JSC) is designed to give boys & girls intense training and experience in survival camping. JSC is for Rangers who have completed AJTC. Upon completion of JSC the junior leader will have completed all requirements for the silver Wilderness Survival Merit. The time at JSC will be divided between instruction and application. Rangers are placed into two-man survival teams and will select a name and motto for their team.

They will also learn skills such as advanced fire craft, primitive beds and shelters, outdoor cooking, and first aid. Teams need to construct and live in survival shelters and develop their survival kits. They will also learn to understand the environment and use the water that is obtained. Teams will be taught to acquire and prepare food from their surroundings. JSC includes a camp-out where Rangers will go for a 3-Day 2-Night survival practical experience.

SPIRITUAL DEVELOPMENT

JSC will have a central spiritual theme of "Trusting in God" which will be developed through a variety of different means. The goal is to help Rangers come to an understanding of trusting God for their future, their relationships and every aspect of their lives.

This will be achieved through an individual Bible reading, appropriate age-level devotions, and evening council fire service.

WHO CAN ATTEND (prerequisites)

For Expedition Ranger who:

1. has completed Basic JTC and
2. has completed JTC and
3. has completed AJTC and
4. Is between 15 to 18 years old.

FOR OFFICE USE

REC:
DUE:

**Royal Rangers
JUNIOR SURVIVAL CAMP
APPLICATION**



Date: 17 – 20 March 2010

APPLICANT'S DETAIL [PLEASE PRINT]:

NAME: _____	OUTPOST #: _____
GENDER: _____ (Male / Female)	COMMANDER'S NAME: _____
NRIC #: _____	DATE OF BIRTH: _____ AGE: _____
ADDRESS: _____ _____	SIBLINGS IN CAMP: _____ (include those attending ATC, JTC, AJTC or JSC)
TEL NO: _____ (HP) _____ (Home)	Head circumference for JSC beret: _____ inches

PARENTAL OR GUARDIAN CONSENT

I, _____ hereby authorize _____ to attend the Royal Rangers Junior Survival Camp. 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: _____ NRIC: _____

TEL NO: [HP] _____ [R] _____ [O] _____

RELATIONSHIP: _____

SIGNATURE: _____ **DATE:** _____

Medical facts that we should know about your child/ward:

IN CASE OF EMERGENCY, PLEASE NOTIFY:

NAME: _____

TEL NO: [HP] _____ [R] _____ [O] _____

RELATIONSHIP: _____

This certifies that this candidate has fulfilled the stated prerequisites. I would recommend him/her for the camp.

SENIOR COMMANDER'S SIGNATURE: _____ **CHURCH:** _____

REGISTRATION:

- Early bird rate **\$100** (due date **31st Jan 2010**)
- Later rate **\$130** (after **31st Jan 2010**)
- Please submit this application together with full fees to your Outpost Senior Commander.
- **There will be no refund in the event of cancellation of application.**



EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION

This form must be signed by parent or guardian, and must accompany your son/daughter to the Junior Training Trail. 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/guardian name),
of _____ (address),
the _____ (father, mother, guardian) of _____ (name of son/daughter/ward),
A MINOR, WHO IS ATTENDING A ROYAL RANGER EVENT, DO HEREBY GIVE MY CONSENT, IN
EVENT THE ADMINISTRATION OF ANY TREATMENT IS DEEMED NECESSARY BY LICENSED
PHYSICIANS, DENTISTS OR EMERGENCY PERSONNEL.

(Signed) _____ NRIC: _____ DATE: _____

Home Phone: _____ Business Phone: _____

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

Medical Insurance Company: (if available) _____ Policy Number: _____

YOUR SON/DAUGHTER'S MEDICAL HISTORY:

Good Health? _____ Allergies? _____

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

Specify Any Medications that must be administered:

Date of last TETANUS Shot: _____

Any Instructions?
