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**WISCONSIN / NORTHERN MICHIGAN DISTRICT
JUNIOR LEADERSHIP TRAINING ACADEMY**



**JUNIOR WINTER CAMP
TRAINEE APPLICATION**

- WHO:** Anyone who has completed JTC and one additional JLTA advanced camp.
- WHEN:** December 26-28, 2003
- WHERE:** Camp Wilderness - Waupaca, WI
- COST:** Because of the advanced cost of setting up these camps, the registration fee must accompany this application. **Registration is \$80.00 if application and fee is postmarked before November 15th, 2003. The cost is \$90.00 if postmarked after November 15th, 2003. Registration MUST be postmarked prior to November 15, 2003 for the discounted rate.**
- INCLUDED:** The camp registration fee includes a special WJTC hat patches, food, notebook, supplies, etc.
- REFUNDS:** If for some reason you are unable to attend the camp, you must notify the JLTA Commander, Robert Wefel, before December 15th, 2003. No refunds will be given after this date.

PLEASE PRINT: IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name: _____	Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Email Address: _____	Home Phone () _____ - _____
Church: _____	Work Phone: () _____ - _____
City: _____ State: _____	Cell Phone: () _____ - _____
Outpost Number: _____ Section: _____	Email Address: _____
Advancement Rating: _____	Relationship: _____
DOB ____/____/____	

PARENTAL AUTHORIZATION

I understand that there is a certain degree of risk and possible injury by reason of the activities at this camp. In the event that I cannot be reached in an emergency, I hereby give permission to emergency personnel, the physician and hospital, chosen by the camp staff, to administer proper treatment for my child in case of illness or emergency. I also give my permission for any pictures taken of my son to be used for promotional efforts for the JLTA.

_____ / ____/____
(Signature of Parent or Guardian) (Date)

Trainee Medical History: Good Health ? _____ Allergies: _____
 Physical impairments (heart, epilepsy, etc.) _____
 Special medications required ? _____
 Allergic to medications ? _____ What types: _____
 Health Insurance Provider Name: _____ Group Number _____
 Doctor's Name: _____ Phone number: () _____ - _____

**Should your son have a medical condition which requires a thorough explanation for treatment, please attach an additional sheet explaining all specifics.*

MAIL THIS APPLICATION & CAMP FEE TO:	JLTA C/O Robert Wefel 2121 1 st Street South Wisconsin Rapids, WI 54494
* Make checks payable to Royal Rangers * Write account #42144 on the memo line of your check	