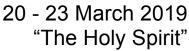
YOUTH LEADERSHIP
ACADEMY







# Singapore Royal Rangers Adventure Leadership Camp





#### **GOALS**

- 1. To train and prepare young Royal Rangers for leadership roles in the local outpost.
- 2. To train boys/girls how to camp safely and properly. To provide an opportunity for trainees to enjoy God's creation.
- 3. To learn the importance of the patrol system and how they, as leaders, can promote the outpost and an espirit de corps among boys/girls.
- 4. To learn specific skills corresponding to advanced merit skill requirements.

#### THE PLAN

The Camp will be conducted in an appropriate indoor and/or outdoor setting. The trainees will be divided into small groups. These groups will camp together as patrols at individual patrol campsites.

All trainees will live in tents, cook their food over a campfire (lunch and dinner each day), and share in patrol tasks and leadership responsibilities.

Throughout the day, the trainees will receive training in various skills. Life lessons are also taught, topics include personal hygiene, being a part of a family and choosing friends.

#### SPIRITUAL DEVELOPMENT

ALC is purposefully designed with the intent of creating an environment where trainees can discover more about themselves personally and recognize the purpose God has for them spiritually.

ALC will have a central spiritual theme of 'The Holy Spirit', which will be developed through a variety of different means. The goal is to help develop a central thought in depth through a purposeful plan of individual Bible reading, scripture memory work, appropriated age-level devotions, and evening council fire service. All of these allow for a spiritual growth that it build upon multiple lessons given the purposeful and in-depth time spent.

## WHO CAN ATTEND (prerequisites)

The ALC is for Adventure Rangers who are aged 13 to 14 years old.

FOR OFFICE USE

# Singapore Royal Rangers ADVENTURE LEADERSHIP CAMP APPLICATION

REC: DUE:



Date: 20 - 23 March 2019

## **REGISTRATION DETAILS**

- Early bird camp fee \$150 (Registration before and on 13 January 2019)
- Regular Camp fee \$180 (registration received from 14 January 2019 onwards)
- For any camp cancellation due to unforeseen circumstances, a \$20 fee will be charged and remainder of fee refunded.
- Please print & submit this application, together with full fees, to your Outpost Senior Commander.

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Name:		
Birth certificate or NRIC #:		Age:
Address:		
Telephone: (hp)	` ` ` <u>`</u>	0
Commander's name:		
Name of siblings in camp:		
PARENTAL OR GUARDIAN CONSENT (a		
I, (Parent's/ Guardian's name)	(Parent's/ Guardian's NRIC#)	, hereby
authorize the above applicant to attend the	Royal Rangers Youth Leadership Aca	demy. I understand that
adequate precautions for the safety of my of	child/ ward will be taken. I will not hold	the local church or its
leaders, or Assemblies of God Singapore G	Seneral Council responsible for any ac	cidents, mishap or death
that may occur during the above camp. I also	so consent to the collection, usage and	d processing of personal
that may occur during the above camp. I all information including photographs, video/fil		
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information including photographs, video/fil relating to my child/ ward for the use of reco	m recording, sound recording and other	er contact information
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information including photographs, video/fil relating to my child/ ward for the use of recesites).  Address: Parent/ Guardian Contact: (hp) Parent's/ Guardian's Signature:  IN CASE OF EMERGENCY, PLEASE COI Contact Name: Contact Telephone: (hp)	m recording, sound recording and other ord, promotional and publicity activities	er contact information  is (in print & social media hild/ ward:



# **EMERGENCY MEDICAL INFORMATION AND AUTHORIZATION**

This form must be signed by parent or guardian, and must accompany your child/ward to the Camp. 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,	, the parent / guardian (Please delete accordingly) of
(Applicant's name)	
	nistration of any treatment is deemed necessary by
licensed physicians, dentists or emergency persor	nnel.
Signature:	
Date Signed:	
Contact number:	
YOUR CHILD'S/WARD'S MEDICAL HISTORY:	
TOOK SINES SAWARD O MEDICAL THOTOKIT	
Food Allergies	
Medical Allergies	
Wedical Allergies	
Medically Diagnosed Special Behavioural Needs:	
Dyslexia / Anger Management / Aspergers / Epiler	osy / Inattentive ADHD / Hyperactive ADHD /
Others:	
Any Other Instructions	