



Singapore Royal Rangers Adventure Leadership Camp 14 - 17, March 2012 “The Holy Spirit”

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 esprit 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 participants 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 trainings in various skills. Night lessons taught are on topics such as personal hygiene, being a part of a family, and how to choosing the right 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, appropriate age-level devotions, and evening council fire service. All of these allow for a spiritual growth that is build upon multiple lessons given the purposeful and in-depth time spent.

WHO CAN ATTEND

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

FOR OFFICE USE

**Royal Rangers
ADVENTURE LEADERSHIP CAMP
APPLICATION**



REC:
DUE:

Date: 14 – 17 MARCH, 2012

REGISTRATION DETAILS

- Early bird rate **\$140** (due date **31st Jan 2012**)
- Later rate **\$160** (after **31st Jan 2012**)
- There will be no refund for cancellation of application
- Please print & submit this application, together with full fees, to your Outpost Senior Commander.

APPLICANT'S DETAIL (all fields must be fill out)

Name: _____ Gender: _____

Birth certificate or NRIC #: _____ Date of birth: _____ Age: _____

Address: _____

Telephone: ^(hp) _____ ^(home phone) _____

Commander's name: _____ Outpost #: _____

PARENTAL OR GUARDIAN CONSENT (all fields must be fill out)

I, (Parent's name) _____, (Parent's NRIC#) _____, hereby authorize
(applicant's name) _____ to attend the Royal Rangers Youth Leadership
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) _____

IN CASE OF EMERGENCY, PLEASE CONTACT: (all fields must be fill out)

Contact Name: _____ Relationship to child: _____

SENIOR COMMANDER'S RECOMMENDATION (all fields must be fill out)

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 Adventure Leadership 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, (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 (pls include any food allergies)? _____

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

Specify Any Medications that must be administered: _____

Date of last TETANUS Shot: _____

Any Other Instructions? _____
