



Singapore Royal Rangers Advanced Survival Camp

14 - 17, March 2012

“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

Advanced Survival Camp (ASC) is designed to give boys & girls intense training and experience in survival camping. ASC is for Rangers who have completed Advanced Junior Training Camp. Upon completion of ASC the junior leader will have completed most requirements for the silver wilderness survival merit.

The time at ASC will be divided between instruction and application. Rangers are placed into two-person survival teams. ASC includes a camp-out where Rangers will go for a 3D2N survival practical experience.

Teams 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.

SPIRITUAL DEVELOPMENT

ASC 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 a individual Bible reading, appropriate age-level devotions, and evening council fire service.

WHO CAN ATTEND (prerequisites)

For Expedition Ranger who:

1. has completed Advanced JTC and
2. is between 15 to 18 years old.

FOR OFFICE USE

**Royal Rangers
ADVANCED SURVIVAL 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 #: _____

Name of siblings in camp: _____

Beret size: _____

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) _____

Parent's Signature: _____ Date: _____

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

Contact Name: _____ Relationship to child: _____

Contact Telephone: ^(hp) _____ ^(home) _____ ^(office) _____

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 Advanced Survival 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? _____

