

Tomahawk Achievement Camps

Ohio Junior Leadership
Training Academy



July 28 – 31, 2010
Heartland Conference Retreat Center

Registration Information Packet

Tomahawk Achievement Camps

The Tomahawk Achievement Camps are designed to give Discovery and Adventure Rangers top notch training in camping skills. They will utilize the patrol system and learn to work as a team. There will be an adult advisor for each patrol. This camp will take place at the same time as The Junior Leadership Training Academy. There will be a completely different staff specifically trained for the needs of boys of this age group.

Upon the successful completion of DTC 1, DTC 2 and ATC you will be awarded a special Ceremonial Tomahawk specially made for TAC Graduates. **This Tomahawk will be presented on October 30, 2010 at the Ohio District Royal Rangers Awards ceremony in Columbus, Ohio.**



DTC 1

Designed for Discovery Rangers to teach basic camping and leadership skills.

Requirements

- Entering 4th Grade
- At least 5 nights camping with outpost

DTC 2

Designed for Discovery Rangers to teach advanced camping and leadership skills.

Requirements

- Entering 5th Grade
- DTC 1 Graduate



ATC

Focused on skills necessary to enter FCF along with the rank of Buckskin and will have a Frontiersman Theme.

Requirements

- Entering 6th Grade

TAC Registration Form

July 28 - 31, 2010

OFFICE USE ONLY
Rec'd _____
Paid _____
Owe _____

Please complete the following forms, staple them together for each boy and mail them to the address below:

Registration Form - Parent Permission and Release Form - Medical Authorization Form

	Must Be Postmarked on or before this date:	Camp Cost with Charter Discount (15%)	Camp Cost before Charter Discount
Early Discount Rate	Thursday, July 8, 2010	\$120 (\$65 deposit due with application)	\$140 (\$65 deposit due with application)
Event Rate	Wednesday, July 21, 2010	\$155 (\$75 deposit due with application)	\$185 (\$75 deposit due with application)
Onsite Rate (Walk-on Rate)	Walk-on MUST be approved before entry via phone or e-mail.	\$170	\$200

There are **NO EXCEPTIONS** to the rates or deadlines as set forth by the General Council of the Assemblies of God and The Ohio District Council Administrators' policy on event registration. In order to receive the Charter Discount the trainee shall be a verified chartered member of his outpost.

Check-In for camp will begin at 9:00am SHARP on Wednesday, July 28th. Closing ceremonies and graduation will begin approximately 8:30 am on the final Saturday of camp. Tomahawks will be presented at the District Awards Ceremony in Columbus on October 30, 2010.

Please check which camp you will be attending:

- DTC 1** - You must be at least entering 4th grade, an active Discovery Ranger and have camped at least 5 nights with your outpost.
- DTC 2** - You must be at least entering 5th grade, an active Discovery Ranger and a DTC 1 graduate.
- ATC** - You must be at least entering 6th grade and an Adventure Ranger.

Please Check the Camps that you have finished (not counting this year) PLTC/DTC/DTC1 PGBC/ATC/DTC2

Camp Informational Packets will be available via our website. www.ohiorangers.org You will receive a postcard confirming your registration. There are items on the checklists that are mandatory for successful completion of the camp.

Name: _____ Grade (Fall 2010): _____ Age: _____

Address: _____ City/St/Zip: _____

Phone: _____ Email: _____

Amount being sent and Check #: _____ Section: _____ OP#: _____

YOUR SENIOR COMMANDER MUST COMPLETE AND SIGN THE FOLLOWING

The above listed applicant meets all of the requirements necessary to attend the above registered camp. I understand that the failure to have these requirements met when attending camp will result in dismissal from the camp. These requirements are necessary to ensure the most effective training experience.

Sr. Commander's Signature: _____ Phone # _____ Date _____

Mail Completed Forms and a check made out to "Ohio District Royal Rangers" to:

Deron Boring
P.O. Box 61
Rootstown, OH 44272 (Any questions call 330-325-9152 or email dmboring@neo.rr.com)

PARENT PERMISSION & RELEASE FORM
OHIO DISTRICT ROYAL RANGERS
JUNIOR LEADERSHIP TRAINING ACADEMY

I hereby authorize my son, _____ (trainee), to attend the Ohio District Royal Rangers Junior Leadership Training Academy (the camp). I understand the arrangements and feel that adequate precautions for the safety of the trainee have been taken. I understand that though the camp is primarily based out of the Heartland Conference Retreat Center located in Marengo, Ohio, that for training purposes, it may be necessary to transport the trainee off of the camp premises and I consent to said transportation.

By signing this Release, I do for myself and the above-named trainee, release, hold harmless and indemnify The Ohio District Royal Rangers through the Ohio District Council Inc. of the Assemblies of God, its members, officers, directors, agents, volunteers, and employees (ODC) from any and all liability for all losses, damages and personal injuries to the above-named trainee resulting from any actions or inaction, or other cause whatsoever in connection with the above-referenced activity whether related to the emergency medical treatment referenced above or whether related to any other matter related directly or indirectly to the scheduled activity and any transportation in connection with such activity. By signing this Release, I specifically and additionally intend to release ODC from liability for all losses, damages and personal injuries to the trainee. I understand that ODC will not bear liability for the consequences of the trainee's negligence or oversight.

I have read and understand the preceding paragraph, and voluntarily sign this Release on my behalf and on behalf of the trainee.

Release of Liability: _____ Date: _____
Signature of Parent or Legal Guardian

I agree that I am the guardian of the above mentioned trainee, and have read and agreed with all the above terms and conditions of this release form

Parent or Legal Guardian: _____ Date: _____
Signature of Parent or Legal Guardian

Photo and Media Permission

I, by signing this release, do allow for my child's picture to be used by Official ODC Websites, Official ODC Publications and other Official ODC Media Productions. I understand that ODC, its members, officers, directors, agents, volunteers, and employees will not be held liable for any misuse.

I have read and understand the preceding paragraph, and voluntarily sign this Release on my behalf and on behalf of the above-named trainee.

Photo Permission: _____ Date: _____
Signature of Parent or Legal Guardian

I agree to reading and understanding this permission and liability release form and attest that I am the official guardian of this trainee.

Ohio District Royal Rangers - Junior Leadership Training Academy - 2010

Medical Authorization and Health Information Form

Current health and medical summary with Authorization and Release to Treat
 To be filled out by parent or legal guardian of trainee - attach separate page if necessary.
 Please print in ink.



Trainee Information:

Name _____ Date of Birth _____
 (Last) (First) Mo Day Year
 Address _____
 City & State _____ Zip _____

Parent / Guardian Information:

Trainee is under custodial care of:
 Both parents _____ Guardian(s) _____
 Mother only _____ Father only _____
 Parent/Guardian Name _____
 Address _____
 Phone _____ (day)
 _____ (evening)

Medical History (Attach additional pages if necessary):

Date of most recent physical exam: _____
 Are you aware of any current health problems? Yes / No
 Now under medical care or taking medication? Yes / No
 In the last 6 months, have any of these happened:
 Any surgery, illness, allergy or other change? Yes / No
 Hospitalizations or serious injuries? Yes / No
 Give dates and full details for any "yes" answers here:

Current Medications

Being taken for (condition) _____
 Dosage and frequency _____

Chronic or Recurring Conditions (check all that apply)

Asthma Heart disease / defect
 Bleeding Disorders Urinary Infection
 Convulsions / Seizures Vision - Contacts / Glasses
 Diabetes Teeth - dentures / bridge
 Ear Infection MRSA/Staph Infection
 Emotional / behavior disorder Fainting
 Hypertension Other

Please provide details for any items checked (attach additional page if necessary).

Special Needs (Attach additional page if necessary):

Dietary _____

 Activities to be restricted _____

This Health History is complete and accurate. My son (trainee) has permission to engage in all prescribed activities except as noted above.

Signature _____ Date _____
 (Parent / Legal Guardian)

Medical Authorization:

I give permission for full participation in the 2010 Ohio District JLTA. In the event that I & the other Emergency Contacts listed below cannot be contacted, I hereby give my permission to the licensed health-care practitioner selected by the leadership in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child (This is to serve as a waiver of HIPAA).

Signature _____ Date: _____
 (Parent / Legal Guardian)

Emergency Contact Information:

In addition to the above parent(s)/guardian(s), this trainee may be released to the following person(s):

Name: _____
 Relationship: _____ Phone _____

Name: _____
 Relationship: _____ Phone _____

Physician:

Name: _____ Phone _____
 Insurance Carrier _____
 Policy # _____ Phone _____
 Insured name (parent) _____

Dentist:

Name: _____ Phone _____
 Insurance Carrier _____
 Policy # _____ Phone _____
 Insured name (parent) _____

Allergies: (check all that apply)

Animals Plants
 Food(s) Pollen
 Hay Fever Other
 Insect Stings
 Medicine/drugs

Please provide details of any checked (Attach separate page if necessary):

Immunizations: (year)

Tetanus _____
 Measles _____
 Rubella _____
 Mumps _____
 Diphtheria _____
 Pertussis _____
 Hepatitis B _____
 TB Test _____
 Other _____

Medical Authorization:

I give permission for the First Aid Staff to administer to the trainee, according to instructions printed on the original container, the following over-the-counter and/or prescription medications which I have provided in their original containers. Check all that apply:

Acetaminophen (Tylenol) Ibuprofen (Motrin)
 Antacid (Mylanta, Tums) Oral anesthetic
 Hydrocortisone cream Antihistamine (Benadryl)
 Cough suppressant (Robitussin) Eye wash
 Antibiotic cream (Neosporin) Sunscreen
 Calamine lotion Insect repellent
 Other

Prescription medications (attach separate page if necessary): _____

Signature _____ Date _____
 (Parent / Legal Guardian)

Name _____
 Date _____
 Camp _____

2010 TAC Uniforms

Due to the National Royal Ranger Office changes to the Royal Ranger Uniform NO KHAKI UNIFORM WILL BE REQUIRED for the 2010 TAC.

TAC Graduate uniforms for the Court of Honor to be announced later.

All TAC Trainees will be given one camp t-shirt and more will be available for sale prior to the camp. All TAC Trainees (DTC1, DTC2 & ATC) will wear jeans as their "uniform" pants.

Please refer to the actual camp equipment checklists for the specific requirements for each camp.