2026

Outdoor Skills Action Camp
Ohio – Heartland
Application

PLEASE PRINT

Name _____ Preferred Phone (____)_____

Home Address _____

City, State, Zip _____

Email _____ Date of Birth (M/D/Y): ____/____/_____

T-Shirt Size (circle one): M L XL 2XL 3XL 4XL 5XL 6 XL

District _____ Outpost Number _____ Chartered? (check one) Yes ☐ No ☐

Church Name _____Church Office Phone (_____) _____

REQUIREMENTS: This camp is for males only. If you are 18 years of age as of June 3, 2026, you must complete a background check per the Ohio Ministry Network policy. Adult who Use this link to initiate this process: INSERT LINK

You must fill in all blanks. The PARTICIPANT AGREEMENT and the MEDICAL RECORD must accompany this application.

Event Location: Heartland Conference and Retreat Center, 3201 County Rd 225, Marengo, OH 43334 – Hickory Lodge

Event Date: Wednesday, June 3, 2026 – Registration and check-in at 9:00 AM. Graduation at 10:00 AM, Friday, June 5, 2026

REGISTRATION FEES:

RATES	Chartered Outpost	Non-Chartered Outpost
Early Discount Rate: Application postmarked by May 3, 2026	$220.00 per adult $200.00 per minor	$255.00 per adult $235.00 per minor
Regular Rate: Application postmarked after May 3, 2026	$260.00 per adult $240.00 per minor	$305.00 per adult $285 per minor
Minimum Deposit Option Balance to be paid onsite at check-in	$100.00 per person	$100.per person

Checks are to be made out to “Ohio Royal Rangers”. A minimum number of registration must be received by May 3, 2026 for this camp to be confirmed as a GO. We encourage early registration to help ensure the minimum is met.

NO NEED TO FILL THIS OUT IF REGISTERING ONLINE

Ohio District Royal Rangers – Outdoor Skills Action Camp

Medical Authorization and Health Information Form - Minor

Current health and medical summary with Authorization and Release to Treat

Name _____

Camp _____

Trainee Information

Date of Birth

Name: _____,_____ ☐☐ ☐☐ ☐☐

(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 _____

Medical History (attach pages as needed)

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 past 6 month, have any of these happened:

- Surgery, illness, allergy or other change Yes/No
- Hospitalization or serious injury Yes/No

If yes: give dates and details here or on attached page:

_____

_____

Current Medication: _____

Being taken for (condition) _____

Dosage & frequency _____

Chronic or Recurring Conditions (check all that apply)

__ Asthma
__ Bleeding Disorders
__ Convulsion/Seizures
__ Diabetes
__ Ear infection
__ Emotion/behavior disorder
__ Hypertension
__ Heart disease/defect
__ Urinary infection
__ Vision – Contacts/Glasses
__ Teeth – dentures/bridge
__ MRSA/Staph infection
__ Fainting
__ Other

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

_____

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 Ohio District OSAC. In the event I and 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.

Emergency Conat Information

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

Name: _____

Relationship: _____ Phone _____

Name: _____

Relationship: _____ Phone _____

Physician

Name _____ Phone _____

Insurance Carrier _____

Policy # _____ Phone _____

Insured Name (parent) _____

Allergies: (check all that apply)

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

Please provide details if checked)

Immunizations: Year

Tetanus _____
Measles _____
Rubella _____
Diphtheria _____
Pertussis _____

Medical Authorization:

I give permission to 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)
__ Antacid (Mylanta, Tums)
__Cough suppressant (Robitussin)
__ Calamine lotion
__ Ibuprofen (Motrin)
__ Oral anesthetic
__ Sunscreen
__ Insect repellent

Signature _____ **Date** _____

(Parent / Legal Guardian)

Ohio District Royal Rangers – Outdoor Skills Action Camp

Medical Authorization and Health Information Form - Adult

Current health and medical summary with Authorization and Release to Treat

Name _____

Camp _____

Trainee Information

Date of Birth

Name: _____,_____ ☐☐ ☐☐ ☐☐

(Last) First Mo Day Year

Address _____

City, State _____ ZIP _____

Ranger District: _____ Outpost _____

Medical History (attach pages as needed)

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 past 6 month, have any of these happened:

- Surgery, illness, allergy or other change Yes/No
- Hospitalization or serious injury Yes/No

If yes: give dates and details here or on attached page:

_____

_____

Current Medication: _____

Being taken for (condition) _____

Dosage & frequency _____

Chronic or Recurring Conditions (check all that apply)

__ Asthma
__ Bleeding Disorders
__ Convulsion/Seizures
__ Diabetes
__ Ear infection
__ Emotion/behavior disorder
__ Hypertension
__ Heart disease/defect
__ Urinary infection
__ Vision – Contacts/Glasses
__ Teeth – dentures/bridge
__ MRSA/Staph infection
__ Fainting
__ Other

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

_____

_____

Special Needs (attach page if necessary): **Dietary**

_____

_____

Activities to be restricted: _____

_____

_____

This Health History is complete and accurate.

I understand that this camp involves a certain degree of risk. I have carefully considered the risk involved.

Signature _____ **Date** _____

Medical Authorization

I give permission for full participation in the Ohio District OSAC. In the event I and 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. This is to serve as a waiver of HIPAA.

Signature _____ **Date** _____

Emergency Contact Information

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

Name: _____

Relationship: _____ Phone _____

Name: _____

Relationship: _____ Phone _____

Physician

Name _____ Phone _____

Insurance Carrier _____

Policy # _____ Phone _____

Insured Name _____

Allergies: (check all that apply)

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

Immunizations: Year

Tetanus _____

Measles _____

Rubella _____

Diphtheria _____

Pertussis _____

I release the General Council of the Assemblies of God, the Ohio Ministry Network, all employees, the activity coordinators, volunteers, and related parties, or other organizations associated with this activity from any and all claims of liability arising out of this participation. I further acknowledge my understanding that media footage, including audio, video and photos may be recorded and hereby consent to the use of such items containing images of myself in any form and relinquish all rights of ownership or compensation.

Signature _____ **Date** _____

OSAC: Personal Camping Gear Checklist

Each individual is responsible for their own personal gear as listed below. This list assumes all group gear is being provided separately, such as tents*, food items, etc.

RECOMMENDED GEAR:

- Backpack, duffle bag, or something similar to carry your personal gear
- Sleeping bag or blankets, and pillow
- Hat
- Light jacket / hoodie
- Rain jacket or poncho
- Bathroom Kit: Toothbrush & toothpaste, soap/shampoo, comb, towel, wash cloth, deodorant, wet wipes, hand sanitizer
- Flashlight, with extra batteries
- Camp chair, foldable
- Clothing: sleeping clothes, socks, underwear, extra changes of clothing as needed for the event. – 3 days of clothing. [Plan for Pow Wow if staying for that event.]
- Boots or sturdy shoes suitable for use in the field
- Swimming clothes, shoes or sandals – [not needed for OSAC, maybe for Pow Wow]
- Eating Kit: plate/bowl, cup, utensils
- Water bottle(s)
- Insect repellent
- Sunscreen

OPTIONAL GEAR:

- Foam pad, air mattress, or cot
- Pocketknife
- Watch
- Sunglasses
- Spending money (Pow Wow snack bar)
- Phone & charger, books, etc.

TENT: The camp has a limited supply of 2 person tents. If you have access to a personal tent, please bring it.