



Minnesota District Royal Rangers

Junior Leadership Development Academy

Dear Ranger, Ranger Parent or Ranger Leader:

Thank you for your interest in the Minnesota District Royal Ranger Training Camps! Our camps assist boys, young men, and adults who are interested in developing leadership and camping skills. If you are interested in advanced training and encouraging fun and safety in the outdoors please sign up for this event at The Woods at Lake Placid in Pillager, Minnesota.

The process begins with this application. Please follow the instructions below. Once the application has been received you will be sent an information packet about the camp(s). This will include a schedule, all camp prerequisites and everything you will need to bring. We are excited that you will be joining us at this year's Training Academy.

Instructions:

1. Please fill out this application.
2. Select desired camp(s). If a Ranger selects more than one camp, please make sure the dates do not conflict. Also there will be a **\$20.00 discount** for each additional camp. (Families that send more than 1 boy will also get the discount for additional boy(s) sent).
3. Please include a **minimum deposit of \$25.00** for each camp.

Make checks payable to : MDC

1. Fill out medical release forms.
2. Register online at www.mnaog.org/trainingcamps OR
3. Return this form and the medical release forms to the address:

Mike Severson
C/O Royal Ranger Training Camps
PO Box 303
Glyndon, MN 56547

Physical Exam:

Participation in the following camps may include strenuous outdoor activities:

Big Adventure
Honor Guard

Therefore, we require that a Ranger has received at least a "Sports Physical" within that past year. After he receives the physical exam, please sign the following statement:

"After consulting with my son's physician, I know of no physical reason that would restrict my son from participation in any camp activities"

Parents Signature Date

In the event your son receives his exam after this application has been submitted, he **must bring** a statement from your physician when registering at the camp. Your son will not be able to participate without an exam.

Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Phone: _____
E-Mail: _____
Age: _____ Date of Birth: _____

T-Shirt Size _____ Youth ___ Adult

Name: _____
Address: _____
City: _____ State: ____ Zip: _____
Church Phone: _____
Church E-Mail: _____
Pastor: _____

Early registration due **June 19, 2026.**

Week 1: July 30—Aug 2 Cost: \$200.00 ea*

___ **Discovery Advancement Academy** _____
___ **Big Adventure (FCF)** _____

Week 1: July 30—Aug 2 Cost: \$250.00 ea*

___ **Honor Guard Camp** _____
___ **Arrowhead Skills** _____

Week 2: Aug 6- Aug 9 Cost: \$200.00 ea*

Registration due **June 5, 2026.**

___ **Spirit Challenge** _____

Total Cost of Camp(s)* \$ _____
Early Registration discount: ~~\$50.00 X~~ _____ \$ - _____
2 camp/family member discount: ~~\$20.00 X~~ _____ \$ - _____
TOTAL Camp Fee \$ _____
Minimum deposit \$25.00 per camp \$ _____

FOR OFFICE USE ONLY

Date received: _____ Check # _____ Amount

_____ Information email: Date: _____