



## Registration Form

- Please enclose registration fee.
- **Note: Registration fees are non-refundable.**
- For arrival times please refer to attached information.

Please print and complete all sections with **camper** information.

(Circle One)

Rev. Mr. \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_\_\_

Mrs. Miss. \_\_\_\_\_ Birthday \_\_\_ / \_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

E-mail Address \_\_\_\_\_

Arrival Date \_\_\_\_\_ 20\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Name of Church Group \_\_\_\_\_

City/State \_\_\_\_\_

I agree to abide by all camp rules and will assume full responsibility for my physical welfare and will not hold the Bill Rice Ranch liable in case of sickness or accident.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please  all that apply:

- Hearing
- Deaf
- Junior
- Teen
- Adult

| Counselors   |
|--|
| (Must be at least 20)  |
| <input type="checkbox"/> Youth<br><input type="checkbox"/> Junior<br><input type="checkbox"/> Deaf |

- Group Leader
- Bus Driver

## Office Use Only

Fees \_\_\_\_\_ Bal. \_\_\_\_\_

Date \_\_\_\_\_ ID# \_\_\_\_\_

Week \_\_\_\_\_

## For Family Week Registration

List Children

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Standard  Deluxe  Campsite

(On back of card please list any medical information necessary.)

## Medical & Insurance Info

This section must be completed by a parent or guardian for registration to be finalized. Personal or church insurance will be primary, and the Bill Rice Ranch will provide excess coverage.

Insurance Company: \_\_\_\_\_

Group & Policy Numbers: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

My child is not covered by insurance.

**Please check the appropriate box/boxes:** (This will be kept confidential)

- |   |  |
|---|--|
| <input type="checkbox"/> Diabetes/Hypoglycemia (sugar problems) | <input type="checkbox"/> Thyroid problems    |
| <input type="checkbox"/> Heart condition/problems               | <input type="checkbox"/> Lupus               |
| <input type="checkbox"/> Epilepsy                               | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Environmental Allergies                | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Problems with heat                     |  |
| <input type="checkbox"/> Drug Allergies, please list: _____     |  |
| _____   |  |
| _____   |  |

Food Allergies, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If camper has ever had allergic reaction requiring EMERGENCY action, please explain: \_\_\_\_\_

\_\_\_\_\_

Other, please list: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Medications taken on a regular basis, please list name of medicine and dose: \_\_\_\_\_

\_\_\_\_\_

NOTE: Anyone requiring special dietary foods **MUST** bring their own foodstuffs if a supplement beyond regular meal is required.

## CONSENT FORM

All minors must have this signed

I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horse-back riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Ranch to notify me.

**Parents/guardians must sign:**

Father \_\_\_\_\_

Mother \_\_\_\_\_

Emergency #s (\_\_\_\_) \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_