

2024 WEST BRANCH

Men & Boys' Adventure REGISTRATION

Send forms & money to West Branch • 2501 E. Pinetree Dr. • Williams, AZ 86046
Please print and complete all sections with **camper** information.

(Circle One)

Rev. Mr. _____ Birthday ___ / ___ / _____

Rev. Mr. _____ Birthday ___ / ___ / _____

Address _____ Adult Teen Age 5-12

City/State/Zip _____

E-mail Address _____

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 West Branch liable in case of sickness or accident.

Camper's Signature _____ Date _____

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Payment Info _____

- Please enclose \$10 registration fee per person. Send in **by** September 20. Balance due upon arrival--\$50 per person.
- \$65 per person including \$10 registration fee if registering **after** September 20.
- **Note: Registration fees are non-refundable.**
- For arrival time, dress, and other important information, please refer to the website or call us at 928.635.2097.
- See website for other discounts.

Medical & Insurance Info

This section must be completed for registration to be finalized. Personal insurance will be primary, and the Bill Rice Ranch will provide excess coverage.

Insurance Company: _____

ID Number: _____

Group & Policy Numbers: _____

Name of Policy Holder: _____

Birthdate of Policy Holder: _____ / _____ / _____

I am not covered by insurance.

Please check the appropriate box/boxes and note to whom it

applies: (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

Parents/guardians must sign if camper is younger than 18 years old:

I hereby give permission for my family to take part in all camp activities including sports (unless otherwise indicated) and absolve the Bill Rice Ranch West Branch from liability to me or my child because of any injury or illness received while attending camp at West Branch. In case of any accident or serious illness to all attending adults, I hereby authorize West Branch to call upon a physician of their choice and to follow his instructions. I give my consent to West Branch to include picture, video, or other likenesses of myself or my children in promotional materials.

Father/Mother _____

Emergency #s (_____) _____