



YC Youth Camp

Ages 12-19

- Revival preaching
- Dynamic youth speakers
- All-you-can-eat meals
- Trail rides & cowboy cookouts
- Wild Frontier BBQ
- Sports & music competitions
- Air-conditioned cabins
- Exciting daily activities
- Revived & unified youth group!

Camp Fee of \$225 per week plus:

Registration fee \$30 by	Feb. 29 = \$255 total
Registration fee \$50 after	Feb. 29 = \$275 total

2016 Schedule and Speakers

- Week I June 12-17**
Alton Beal, Tim Thompson, Matt Downs
- Week II June 26-July 1**
Jeff Redlin, Chris Miller, Jason Jett
- Week III July 10-15**
John Goetsch, Jr., Tim Thompson, Matt Downs
- Week IV July 17-22**
Morris Gleiser, Tim Thompson, Matt Downs
- Week V July 24-29**
Jeff Amsbaugh, Troy Carlson

General Information for Youth Weeks

Services: Our daily services are truly the highlight of the camp week! The skits, camper choir, special music, and clear Bible preaching make these Ranch services a unique and blessed experience. Come with an open heart, and see the Lord do wonderful things in your life!

Activities: Sports Tournaments - basketball, volleyball, soccer, softball, and flag football. **Music Contest** - vocal solo, vocal group, piano solo, instrumental, and choir categories.

Other Activities - Enjoy putt-putt golf, the Outback Obstacle Course, the Cool Pool, cowboy cookouts, the rodeo, trail rides, the Wild Frontier BBQ, paintball, and much more. Teens can choose to participate in these throughout the week.

Reservations: In order to reserve a place on the Ranch, send attached registration form with the registration fee. Write or phone the Registrar for additional registration forms or information.

Bill Rice Ranch
627 Bill Rice Ranch Road
Murfreesboro, TN 37128
registration@billriceranch.org

Early reservations assure you a place at camp. Registration fees cannot be refunded or applied to camp fees, but they are transferable.

Arrival: Plan to be on the Ranch for the first meal and first service. A good beginning is important to the success of the entire camp. Each summer camp week begins Sunday afternoon with check-in from 3-6 PM. The first meal is served at 6:30 PM; the first service is at 8 PM. The camp week ends after the last service Friday night. Plan to leave by 8 AM Saturday morning.

What to Bring

Bedding: Bring your own or rent from us. We have sheets, blankets, pillows, washcloths, and towels. Twin-sized bunks.

Men/Boys: No shorts. Sweatpants or windpants will not be appropriate for meals or services.

Women/Girls: Skirts, dresses, and activity attire (culottes/athletic wear) are appropriate for your week at the Ranch. They must be knee-length and loose. No shorts, pants, capris, or cut-offs, please. Skirts or dresses are required in the mornings and evenings. This would include all meals and services. Activity attire should be worn only in the afternoons for sports and other activities. No two-piece swimsuits, unless the top and bottom overlap.

Everyone: Bible, writing material, bedding (bunk beds), soap, towels.

You may want to bring money for: cowboy cookouts (\$14), trail rides (30 min: \$5 & 60 min: \$10), the Wild Frontier BBQ, paintball (\$7 & signed waiver form), or more for souvenirs, books, music, snacks, etc.

Please DO NOT bring: radios, CD/MP3/DVD players, skateboards, bikes, or rollerblades. No smoking. No pets.

Cell Phones: While campers may bring cell phones with them for use on the trip, they will be required to turn them in to their counselor for the duration of the camp week.

For more information

Go online billriceranch.org 

or call **1.800.253.RICE x125**

Space is limited—*register early!*

2016 BILL RICE RANCH

Youth Camp Registration

Send Registration Form & Fee to Bill Rice Ranch - 627 Bill Rice Ranch Road - Murfreesboro, TN 37128
Please print and complete all sections with **camper** information.

(Circle One)

Rev. Mr. _____ Birthdate ___ / ___ / _____

Mrs. Miss. _____ Birthdate ___ / ___ / _____

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 _____

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Week _____

Please ✓ all that apply:

Adult Group Leader

Teen Bus Driver

• Please enclose registration fee.

• **Note: Registration fees are non-refundable.**

• For arrival times, please refer to attached information.

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: _____

ID Number: _____

Group/Policy Number: _____

Name of Policy Holder: _____

Birthdate of Policy Holder: _____ / _____ / _____

I am not covered by insurance.

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

Diabetes/Hypoglycemia (sugar problems)

Heart condition/problems

Epilepsy

Environmental Allergies

Problems with heat

Drug Allergies, please list: _____

Thyroid problems

Lupus

High blood pressure

Asthma

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 child/dependent to take part in all Ranch activities including sports and horseback 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. I give my consent to the Ranch to include picture, video, or other likenesses of myself or my children in promotional materials.

Father/Mother _____

Emergency #s (____) _____

(____) _____