

# 2025 WEST BRANCH

# Church Family Retreat

## REGISTRATION

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

Camper Name \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_\_\_  
 Camper Name \_\_\_\_\_ Birthdate \_\_\_ / \_\_\_ / \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Church \_\_\_\_\_  
 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-Church Family Retreat

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

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

Payment Info \_\_\_\_\_

**Family Ages:** Mark the number of family members per age group.

Adults \_\_\_ Teens \_\_\_ 8-12 years \_\_\_

5-7 years \_\_\_ 3-4 years \_\_\_

Under 3, potty trained \_\_\_

Under 3, not potty trained \_\_\_

- Please enclose non-refundable \$10 registration fee per person attending age 5 and older.
- Balance paid on arrival.

## 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.

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: \_\_\_\_\_

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

**applies:** (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: \_\_\_\_\_

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