

# 2025 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 19. Balance due upon arrival--\$50 per person.
- \$65 per person including \$10 registration fee if registering **after** September 19.
- **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)

Diabetes/Hypoglycemia (sugar problems)

Heart condition/problems

Epilepsy

Environmental Allergies

Problems with heat

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