

# 2026 WEST BRANCH



## FAMILY CAMP REGISTRATION

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

Adult Camper Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Adult Camper Name \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Childrens Names \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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. **ONE SIGNATURE REQUIRED**

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

### Office Use Only-Family Camp

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

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

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

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

Adults \_\_\_\_\_ Teens \_\_\_\_\_ 7-12 years \_\_\_\_\_

5-6 years \_\_\_\_\_ 4 years \_\_\_\_\_

3 & under potty trained (age: \_\_\_\_\_)

3 & under not potty trained (age: \_\_\_\_\_)

- Please enclose non-refundable \$25 registration fee by June 2
- Registration fee increased to \$35 per person after June 2

## Medical & Insurance Info

**Please complete this section 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 Numbers: \_\_\_\_\_

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

☐ Thyroid problems

☐ Epilepsy

☐ Lupus

☐ Environmental Allergies

☐ High blood pressure

☐ Problems with heat

☐ Asthma

☐ 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 child/dependent 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, I hereby authorize West Branch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request West Branch to notify me. 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 ( \_\_\_\_\_ ) \_\_\_\_\_

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