

2026 WEST BRANCH

SOUTHWEST REGIONAL ***Men on the Move*** **REGISTRATION**

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

Camper Name _____ Birthdate ____/____/____

Address _____

City/State/Zip _____

Email _____ Phone(_____) _____

Your 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

Fees _____ Bal. _____

Date _____ ID# _____

Payment Info _____

SWR MOM 2026

Please ✓ all that apply:

☐ Adult

☐ Teen

☐ Stay at West Branch

☐ Stay off site

Special permission needed for those under 16.

• Please enclose registration fee.

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

• Send to West Branch, 2501 E. Pinetree Dr., Williams, AZ 86046.

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 (____) _____

(____) _____