2026 WEST BRANCH

Deaf Camp
REGISTRATION

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

All Deaf up to age 19 come FREE!

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

Payment Info _____

2026 Deaf Camp

Camper Name: _____ Gender: Male ☐ Female ☐ Birthdate: _____/_____/_____

Camper Name: _____ Gender: Male ☐ Female ☐ Birthdate: _____/_____/_____

Address _____

City/State/Zip _____

E-mail Address _____

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 _____

Please ✓ all that apply for those coming:

❑ Individual ❑ Married couple

❑ Brother(s)/Sister(s)

❑ Additional children as well:

Name _____ age_____ deaf? ❑ Y ❑ N

Name _____ age_____ deaf? ❑ Y ❑ N

Name _____ age_____ deaf? ❑ Y ❑ N

- Please enclose registration fee if applicable.
- **Note: Registration fees are non-refundable.**

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 (___) _____

(___) _____