2026 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 ___ / ___/ _____

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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.

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

❑ Thyroid problems

❑ Lupus

❑ High blood pressure

❑ 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 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 (___) _____