

# 2024 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 ages 9-19 come FREE!**

## Office Use Only

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

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

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

2024 Deaf Camp

Gender: Male  Female

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Camper Name \_\_\_\_\_

Address \_\_\_\_\_

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 \_\_\_\_\_

### Please ✓ all that apply:

Adult

Group Leader

Teen

Junior (age 9-11)

- Please enclose registration fee if applicable.
- **Note: Registration fees are non-refundable.**
- For arrival times please refer to online information.

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

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