

2024 WEST BRANCH



SUMMER 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 (_____) _____

Check One: Family Cabin Family Cabin, Pay-in-full Option Program Only

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-Summer Family Retreat

Fees _____ Bal. _____

Date _____ ID# _____

Payment Info _____

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

Adults _____ Teens _____ 8-12 years _____

7years _____ 4-6 years _____

3 & under potty trained (age: _____)

3 & under not potty trained (age: _____)

• Please enclose non-refundable \$30 registration fee per person attending.

• **Balance based on the number attending over 7 years old.**

Eg. For 2 adults, 1 teen, 1 6 year old, figure 3 people price of \$370 + 1 under 7 registration of \$40 for a total of \$410. With \$120 Registration fees sent in, balance will be \$290.

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 (_____) _____

(_____) _____