

2024 WEST BRANCH



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

Gender: Male Female Birthdate ____/____/____
Camper Name _____
Address _____
City/State/Zip _____
E-mail Address _____
Arrival Date June 24 July 8 July 15 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 _____

Office Use Only

Fees _____ Bal. _____
Date _____ ID# _____
Payment Info _____
 Youth Camp I Youth Camp II
 Youth Camp III

Please ✓ all that apply:

- Adult Group Leader
- Teen

- Please enclose registration fee.
- **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.

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.

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: _____

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 (____) _____
(____) _____