Seed Registration Form & Fee to Bill Rice Ranch. 627 Bill Rice Ranch Road - Murfreesboro, TN 37128   Please print and complete all sections with camper information.   Date   Date   Date   D#	Bill Rice Ranch $\mathcal{D}_{o}$	14 Camp 2025 R	egistration	Office Use Only
Date   Day	Send Registration Form & Fee to Bill Rice Ranch · 627 Bill Rice Ranch Road · Murfreesboro, TN 37128			Fees Bal
Gerdor: Male   Female				Date ID#
Address	Gender: Male		Birthdate/	
Day Camp Week 3 - July 21-25, 2025   City/State/Zip	Name			· · ·
How did you hear about Day Camp? (hed-althout apply)	Address			· · · · · · · · · · · · · · · · · · ·
E-mail Address    How did you hear about Day Camp? (coed at that apply)   Newspaper   Facebook     Note: Registration fee   Newspaper     Newspaper   Facebook     Newspaper   Facebook     Note: Registration fee   Newspaper     Newspaper   Facebook     Newspaper   Facebook     Newspaper   Faceboo	City/State/Zip			La Day Camp Week 3 - <b>July 21-23, 202</b>
School   Online	E-mail Address			
Radio   Request   Redio   Radio   Ra	Phone ( )			· ·
Agree to abide by all campre laws and will assume full responsibility for my physical weffare and will not hold the Bill Rice Ranch lable in case of sickness or accident.    Agree to abide by all camp rules and will assume full responsibility for my physical weffare and will not hold the Bill Rice Ranch lable in case of sickness or accident.    Agree to abide by all camp rules and will assume full responsibility for my physical weffare and will not hold the Bill Rice Ranch lable in case of sickness or accident.    Agree to abide by all camp rules and will assume full responsibility for my physical weffare and will not hold the Bill Rice Ranch lable in case of sickness or accident.    Agree to abide by all camp rules and will assume full responsibility for my physical weffare and will not hold the Bill Rice Ranch lable in case of sickness or accident.    Agree to abide by all camp rules and will responsibility for my physical weffare and will not hold the Bill Rice Ranch lable in case of any sickness are non-refundable.    Please section must be completed by a parent or guardian for registration fees are non-refundable.    Precipitation to be finalized. Personal insurance will be primary, and the Bill Rice Ranch lable rules.   If camper has ever had allergic reaction requiring EMERGENCY action, please explain:   If camper has ever had allergic reaction requiring EMERGENCY action, please explain:   MERGENCY action, please expla	Buddy Request:			_
Agree to abide by all camprules and will assume full responsibility for my physical welfare and will not hold the Bill Rice Ranch flable in case of sickness or accident.	Note: Each camper may request one friend of the	ame gender to share the same group. Request m	nust be mutual from both campers.	
Medical & Insurance Information This section must be completed by a parent or guardian 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:  Group/Policy Holder:  Gramper is not covered by insurance.  Please check the appropriate box/boxes: (flibs will be kept confidential)  Diabetes/Hypoglycemia (sugar problems)  Date of last tetanus shot:  Environmental Allergies  High blood pressure  Problems with heat  Drug Allergies, please list:  NOTE: Campers requiring special dietary foods MUST bring their own foodstuffs if a supplement beyond regular meal is required.  CONSENT All campers must have this signed.  I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horseback riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch from liability to me or my child because of myself or my children in promotional materials.  Staff is authorized to release my above named child to the individuals listed below or to me ONLY and in accordance with the stated pick-up procedures. I understand that my child will NOT be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification in order to pick up my child each day.  Parent/Guardian (print and sign)  Date  Emergency Contact  Relationship  Phone ()		ume full responsibility for my physical welfa	re and will not hold the Bill Rice	
Medical & Insurance Information This section must be completed by a parent or guardian for registration to be finalized. Personal insurance will be primary, and the Bill Rice Ranch will provide excess coverage.  Insurance Company:    D Number:   Group/Policy Numbers:   Birthdate of Policy Holder:   Birthdate of Policy Holder:   D Amper is not covered by insurance.    Please check the appropriate box/boxes: (this will be lest confidential)   D iabbetes/Hypoglycemia (sugar problems)   Heart condition/problems   Thyroid problems   Medications taken on a regular basis, please list name of medicine and dose:   Environmental Allergies   High blood pressure   Problems with heat   Asthma   NOTE: Campers requiring special dietary foods MUST bring their own foodstuffs if a supplement beyond regular meal is required.    Consent all campers must have this signed.   I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horseback riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, i hereby authorize the Ranch to include picture, video, or other likenesses of mysel for my children in promotional materials.  Staffs authorized to release my above named child to the individuals listed below or to me ONIX and in accordance with the stated pick-up procedures. I understand that my child will NOT be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification in order to pick up my child each day.  Parent/Guardian (print and sign)		Data		<ul> <li>Please enclose registration fee.</li> </ul>
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and the Bill Rice Ranch will provide excess coverage.  Insurance Company:				II-4.
ID Number: Group/Policy Numbers: Name of Policy Holder: Birthdate of Policy Holder: Camper is not covered by insurance. Please check the appropriate box/boxes: (This will be kept confidential) Diabetes/Hypoglycemia (sugar problems) Date of last tetanus shot: Heart condition/problems Thyroid problems Heart condition/problems High blood pressure High blood pressure Problems with heat Asthma NOTE: Campers requiring special dietary foods MUST bring their own foodstuffs if a supplement beyond regular meal is required.  Consent All campers must have this signed. Hereby give permission for my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Ranch to notify me. I give my consent to the Ranch to include picture, video, or other likenesses of myself or my child deach day. Parent/Guardian (print and sign) Date Emergency Contact Relationship Phone ()	_		Food Allergies, pleas	e list:
Group/Policy Numbers:	Insurance Company:			
Semant   S	ID Number:		☐ If camper has ever h	ad allergic reaction requiring
Birthdate of Policy Holder:/	Group/Policy Numbers:			
Camper is not covered by insurance.  Please check the appropriate box/boxes: (This will be kept confidential)  Diabetes/Hypoglycemia (sugar problems)  Heart condition/problems Thyroid problems Medications taken on a regular basis, please list name of Epilepsy Lupus Medications taken on a regular basis, please list name of Problems with heat Asthma NOTE: Campers requiring special dietary foods MUST bring their own foodstuffs if a supplement beyond regular meal is required.  Consent All campers must have this signed.  Thereby give permission for my child/dependent to take part in all Ranch activities including sports and horseback riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to call upon a physician of their choice and to follow his instructions. If emergency treatment or hospitalization is required, I request the Ranch to notify me. I give my consent to the Ranch to include picture, video, or other likenesses of myself or my children in promotional materials.  Staff is authorized to release my above named child to the individuals listed below or to me ONLY and in accordance with the stated pick-up procedures. I understand that my child will NOT be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification in order to pick up my child each day.  Parent/Guardian (print and sign)  Date  Emergency Contact  Relationship Phone ()	Name of Policy Holder:		EMERGENCY action,	please explain:
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Date of last tetanus shot: Heart condition/problems	☐ Camper is not covered by inst	urance.	Other, please list:	
Heart condition/problems	Please check the appropriate b	ox/boxes: (This will be kept confidential)		
Epilepsy	☐ Diabetes/Hypoglycemia (sugar problems)		Date of last tetanus sho	t:
□ Environmental Allergies □ High blood pressure □ Problems with heat □ Asthma NOTE: Campers requiring special dietary foods <b>MUST</b> bring their own foodstuffs if a supplement beyond regular meal is required.  Consent All campers must have this signed.  I hereby give permission for my child/dependent to take part in all Ranch activities including sports and horseback riding (unless otherwise indicated) and absolve the Ranch from liability to me or my child because of any injury received while attending camp at the Bill Rice Ranch. In case of any accident or serious illness, I hereby authorize the Ranch to include picture, video, or other likenesses of myself or my children in promotional materials.  Staff is authorized to release my above named child to the individuals listed below or to me ONLY and in accordance with the stated pick-up procedures. I understand that my child will NOT be permitted to leave the camp with anyone not listed below. All authorized individuals will be required to show identification in order to pick up my child each day.  Parent/Guardian (print and sign) □ Date □  Emergency Contact □ Relationship □ Phone (□) □	Heart condition/problems	Thyroid problems	Medications taken of	n a regular basis, please list name of
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Emergency Contact Phone ( )	*			
Emergency Contact Phone ( )	Parent/Guardian (print and sign)			Date
2. Authorized Individual Phone ( )				
3. Authorized Individual Relationship Phone ( )				