

Bill Rice Ranch Day Camp 2026 Registration

Send Registration Form & Fee to Bill Rice Ranch · 627 Bill Rice Ranch Road · Murfreesboro, TN 37128

Please print and complete all sections with **camper** information.

Camper Info: **Male** ☐ **Female** ☐ **Hearing** ☐ **Deaf/HH** ☐ Birthdate ____/____/____

Name _____

Address _____

City/State/Zip _____

E-mail Address _____

Note: Confirmation and additional information will be sent to this email address. For US mail correspondence instead, check here. ☐

Phone (____) _____ Cell (____) _____

Buddy Request: _____

Note: Each camper may request one friend of the same gender to share the same group. Request must be mutual from both campers.

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 liable in case of sickness or accident.

Camper's Signature _____ Date _____

Office Use Only

Fees _____ Bal. _____

Date _____ ID# _____

- ☐ Day Camp Week 1 - **June 15-19, 2026**
☐ Day Camp Week 2 - **July 13-17, 2026**
☐ Day Camp Week 3 - **July 20-24, 2026**
☐ Deaf Day Camp - **July 13-17, 2026**

How did you hear about Day Camp? (check all that apply)

Newspaper ☐ Facebook ☐

School ☐ Online ☐

Friend ☐ Radio ☐

came last year ☐ _____ ☐

- Please enclose registration fee.

- **Note: Registration fees are non-refundable.**

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: _____

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)

☐ 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: 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 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 (____) _____

1. Authorized Individual _____ Relationship _____ Phone (____) _____

2. Authorized Individual _____ Relationship _____ Phone (____) _____

3. Authorized Individual _____ Relationship _____ Phone (____) _____