

RAINBOW BIBLE RANCH 2010 REGISTRATION

Please read following directions carefully.

1. Registration form: Parents fill out **both** sides of the registration form fully including the Health History. **Signatures are required** for the camp releases. Please **print**, using **one application per child**. If more applications are needed the **original may be copied**.

2. Deposit: The minimum deposit is \$30.00 which is non-refundable and nontransferable due with the registration form. This amount will be subtracted from total camp fee.

What to bring to camp: Bible, warm sleeping bag, set of **nice** clothes for the banquet (Boys - button down shirt and belt, Girls - modest length dress/skirt or dress slacks), long jeans and boots for riding, towel, swimsuit (modest one - piece), jacket, personal needs. **OPTIONAL** - fishing equipment, and money for store.

NOTE - Please NO: Shorts, spaghetti strap or midriff tops; tape or CD players, radios, electronic games or cell phones.

Mail entire form and payment to
RAINBOW BIBLE RANCH
14676 LONETREE RD.
STURGIS, SD 57785
***www.rainbowbiblecamp.org**
(605)923-6056

Camper's Name _____ Date of Birth _____ Age _____ Gender M F

Mailing Address _____ City _____ State _____ Zip _____

Home Address _____ City _____ State _____ Zip _____

(If different from mailing address)

Has child ever attended a camp session at Rainbow Bible Ranch before? Yes No When? _____

Child lives with: Both parents Father Mother Guardian

Home Phone(____) _____ EMAIL _____

Father's First Name _____ Last name _____

Work Phone(____) _____ Mobile Phone(____) _____ Employer _____

Mother's First Name _____ Last name _____

Work Phone(____) _____ Mobile Phone(____) _____ Employer _____

Emergency contacts other than parents: (i.e. grandparents, pastor, neighbor)

Clergy: _____ Phone (____) _____ Church _____

Name: _____ Phone (____) _____ Relationship _____

Name: _____ Phone (____) _____ Relationship _____

LITTLE RANCHER'S CAMP
 For Ages 6 & 7 \$60.00
 ___ June 10-11

Please note schedule

Registration: Thursday at 10:00 AM.
 Concludes Friday at 7:00 PM after
 supper and Story at the Campfire .

RANCH CAMP For Ages 12 - 16 \$230.00
 ___ July 19-23

Please note schedule

Registration: Monday at 6:00 PM. *(No evening meal served)*. Rodeo for all to attend on Friday at 3:00 PM. Supper follows for the whole family, immediately followed by Wrap Up session and awards.

RANCH CAMP
 For Ages 8 - 12 \$230.00
 ___ June 14-18
 ___ June 21-25
 ___ June 28-July 2
 ___ August 9-13

Please note schedule

Registration: Monday at 6:00 PM. *(No evening meal served)*. Rodeo for all to attend on Friday at 3:00 PM. Supper follows for the whole family, immediately followed by Wrap Up session and awards.

LEGACY I For Ages 11 - 13 \$325.00 *(Limited to 48 participants)*
 ___ July 11-17

Please note schedule

Registration: Sunday at 6:00 PM. *(No evening meal served)*. Rodeo for all to attend on Saturday at 2:00 PM. Supper follows for the whole family, immediately followed by Wrap Up session and awards.

LEGACY II FOR TEENS \$595.00 *(Limited to 36 participants)*
 ___ July 26-August 6

Open to teens who have attended an RBR Camp previously. Due to the nature of this session and limited space, registrants may be asked to complete a second application and provide references.

Please note schedule

Registration: Monday at 6:00 PM. *(No evening meal served)*. Legacy Ranch Rodeo for all to attend on following Friday at 2:00 PM. Supper follows for the whole family, immediately followed by the presentation of the special Legacy awards and scholarships.

Office Use Only:

POD

ADU

DR

2010 SUMMER CAMP HEALTH HISTORY REGISTRATION

Page 2 - This page must be completed and sent with page 1 (reverse side). __

Check if camper has or is subject to any of the following.

Immunization—Tetanus Date: _____

Asthma Fainting/Convulsions Heart Trouble Reaction to Bee Stings Diabetes Allergies (Please specify)

Other (Please specify) _____

Any condition requiring medication? Yes No If yes, please list medications and give instructions

Do you carry Family Health Insurance? Yes No Carrier: _____ Group ID#: _____

Family Doctor: _____ Family Dentist/Orthodontist: _____

Doctor's Phone: (_____) _____ Dentist/Orthodontist Phone: (_____) _____

If it is acceptable to administer Tylenol and Antihistamine to the child on reverse side of this form? PARENT INITIAL _____

Is there anything you want your child's counselor to be aware of? i.e. changes in family life, learning disabilities, fears?
(Attach separate sheet if necessary)

Do you have any goals for your child at Rainbow Bible Ranch? i.e. social, spiritual, emotional, physical?

MEDICAL RELEASE: This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted. In the event I cannot be reached in emergency, I hereby give permission to the physician selected by Rainbow Bible Ranch to hospitalize, secure proper treatment for, and to order injection and or anesthesia and/or surgery for the camper named above. I understand that Rainbow Bible Ranch does not provide medical insurance or reimbursement for medical fees or prescriptions and that I am responsible for any and all such fees and charges arising from illness or injury that may occur. This completed form may be copied for transportation record.

LIABILITY RELEASE: The undersigned, for himself or herself and personal representatives, assigns, heirs and next of kin (herein referred to as releasors), hereby released, waives, discharges and covenants not to sue Rainbow Bible Ranch, Inc., its agents, servants and employees (herein referred to as releasees) from negligence of releasors or otherwise while participating in activities associated with Camp. The undersigned is full aware of the inherent hazards and hereby elects to participate voluntarily and assume all risks of loss, damage or injury that may be sustained by him or her.

OFF CAMP RELEASE: The previously named camper has my permission to be transported and participate in outings and field trips conducted off the Ranch grounds. It is understood that these outings are fully supervised by qualified camp staff.

The undersigned has read and voluntarily signs this Medical Release, Waiver of All Liability and Assumption of Risk Agreement and Off Camp Release.

Releasor Signature (Parent/Guardian)

Date

YOUR CANCELLED CHECK IS CONFIRMATION OF ACCEPTANCE OF REGISTRATION