

RAINBOW BIBLE RANCH 2024 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 **\$180.00** 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, tennis shoes, towel, swimsuit (modest one - piece), jacket, personal needs. **OPTIONAL** - fishing equipment, and money for store.

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

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 \$180.00

_____ June 6-7

Registration: Thursday at 10:00 AM. Concludes Friday at 6:00 PM after supper and story.

RANCH CAMP For Ages 8-12 \$570.00

_____ June 10-14 _____ June 17-21 _____ June 24-28

_____ August 5-9

RANCH CAMP For Ages 12-16 \$590.00

_____ July 15-19 **Please note schedule for Ranch Camps:** 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 1 For Ages 11-13 \$790.00

_____ July 7-13 *Limited to 48 participants* **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 Ages 14-18 \$1395.00

_____ July 22 - Aug 2 *(Limited Availability)* 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. Registration: **Monday at 6:00 PM.** (No evening meal served). Legacy II Ranch Rodeo for all to attend on following Friday at 2:00 PM. Supper follows and then presentation of the special Legacy awards and scholarships.

**For your convenience,
use the following table to figure
amount due for your family.**

1. First Session	\$ _____
2. Second Session	\$ _____
3. Third Session	\$ _____
4. Fourth Session	\$ _____
5. Fifth Session	\$ _____
6. Sixth Session	\$ _____
7. Seventh Session	\$ _____

8. Subtotal \$ _____

9. For 3 Sessions (same family)
Deduct 5% from line 8 \$ _____

After Deductions
Total due \$ _____

2024 SUMMER CAMP HEALTH HISTORY REGISTRATION

Camper Name _____ - 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: (____) _____

Is it acceptable to administer Tylenol and Antihistamine to this child? 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