

Personal Form for Triple S Christian Ranch

165 Christian Ranch Rd. Rose Bud, AR 72137

Name _____ Birth Date _____

Church group _____

Address _____

City/State/Zip _____

Phone: Home _____ Cell _____

I agree to abide by camp rules and will assume full responsibility for my physical welfare and will not hold the Triple S Christian Ranch liable in case of sickness or accident.

Camper Signature _____ Date _____

NOTE: Anyone requiring special dietary foods MUST bring their own food if supplementing beyond regular meals is required.

Medical and Insurance Info

This section must be completed by a parent or guardian for registration to be finalized. Your personal insurance, then church insurance will be primary, and then Triple S Christian Ranch will provide excess coverage.

Insurance company _____

Group and Policy # _____

Name of Policy holder _____

Birthdate of policy holder ____/____/____

_____ I am not covered by insurance.

* Please attach copy of insurance card to form.

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Please circle any box(es) that apply (This will be kept confidential):

- | | |
|--------------------------|---------------------|
| Diabetes/hypoglycemia | Thyroid problems |
| Heart condition/problems | Lupus |
| Epilepsy | High blood pressure |
| Environmental allergies | Asthma |

Problems with heart

Drug Allergies - please list: _____

• If camper has ever had allergic reaction requiring EMERGENCY action please list: _____

• Date of last tetanus: _____

• List medications taken on a regular basis, please list name of medicine and dose: _____

Consent Form

All Campers must have this Signed

I hereby give permission for my child/dependent to take part in Ranch activities including sports (unless otherwise indicated) and absolve Triple S Christian Ranch from liability to me or my child because of any injury received while attending camp at the Triple S Christian Ranch. Given the current state of coronavirus/COVID-19, I agree that I am assuming the risk and all responsibility that my child/dependent may contract coronavirus/COVID-19. 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 also give my consent to the Ranch to include pictures, video, or other likenesses of myself or my children in promotional materials.

Parent/guardian must sign if camper is younger than 18 years old

Parent/Guardian _____

Date _____