

# 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.

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

## Medical and Insurance Info

• Date of last tetanus: \_\_\_\_\_

**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.

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

Insurance company \_\_\_\_\_

## Consent Form

Group and Policy # \_\_\_\_\_

### All Campers must have this Signed

Name of Policy holder \_\_\_\_\_

Birthdate of policy holder \_\_\_\_/\_\_\_\_/\_\_\_\_

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.

\_\_\_\_\_ 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              |

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

Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_