

VICTORY RANCH 2010 COLLEGE RETREAT REGISTRATION & HEALTH FORM

Name (in full): _____
 Mailing Address: _____
 City _____ State _____ Zip _____
 Phone Number: _____
 E-mail: _____
 Male Female Are you at least 18 yrs of age? _____
 Church Name: _____
 Church City: _____
 Church Phone: _____
 College (if attending) _____

Emergency Contact Information:

Name(s): _____
 Relationship: _____
 Home Address: _____
 City/State/Zip: _____
 Work Phone: _____
 Home Phone: _____
 Cell Phone: _____
 Other Number(s): _____

Adult T-Shirt Size: Small Medium Large
 X-Large XX-Large (+ \$1) XXX-Large (+ \$2)

Check those you have had or now have:
 Allergy to Bee stings Appendicitis Asthma
 Chicken Pox Diabetes Hay Fever
 Heart Trouble Measles Mumps Tonsillitis
 Sleepwalking episodes (only if current condition)

Date of last Tetanus shot: _____

Under medical care in the last 3 months? _____

If so, for what? _____

Medications* taking: _____

***Medications must be kept in its original, labeled containers.**

List activity restrictions, allergies, or problems with food/medicine:

Your Insurance Co.: _____

Policy #: _____

Insured's Name: _____

Insurance Phone: _____

Issue Date: _____

PERMISSION AND RELEASE

I hereby grant permission for _____ who is in good health to participate in all camp activities and do hereby release VICTORY RANCH, its staff, employees, agents and helpers from any and all liabilities connected with his/her transportation, participation in camp activities on/off camp, illness or accident. In an emergency, I hereby give permission to the physician selected by the Camp to hospitalize, secure treatment, order injections, x-rays, anesthesia or surgery, or other treatment(s) as necessary under Medical Practice Act for individual as named above.

I give permission to the health care providers at Victory Ranch to give over-the-counter medication and administer any other treatment as they deem necessary. I have read, understand and agree to the above.

I give permission for audio and/or visual records of the individual named above to be used for Victory Ranch publications only, including the website, without expectation of compensation.

Signature **Date**

A \$20 non-refundable deposit postmarked by February 1, 2010 must accompany this form. Registrations postmarked after February 1st will be accepted "as space is available" and subject to a \$5 late fee. Victory Ranch only accepts cash, check, or money order. Mail to:

Victory Ranch
18080 Gilman Springs Road, Moreno Valley, CA 92555
For info: call (951) 654-7766 or visit www.vranch.org

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