2024 Mini Camp Registration:	*This form will be kept in the Ranch office*	
Camper Name:	Birth Gender: ☐ Boy ☐ Girl Grade Entering	Fall 2024:
Address: City	: State:	Zip:
Birthdate:/ Parent's Email:	Home Phone:	
Father's Name:	Mother's Name:	
Father's Cell:	Mother's Cell:	
Church You Attend:	Church City:	State:
Camper's Primary Residence is with: Both Parents Mother	☐ Father ☐ Other	
Designated Adult Supervising Camper (if different from parent/guardia (This individual MUST be at least 18 years old. Only ONE adult super		
Parent/Camper Agreement:		
By signing below, I certify that my child has permission to attend understand that participation presents both known and inherent risks disease, disability, death, and/or other damages. For the safety of my cl	and may result in injury, illness, exposure to in	fectious/communicable
I hereby release Victory Ranch, its employees, staff, agents, volunteers transportation, participation in activities, accident, injury, illness, emergency, I give permission to the physician selected by the car necessary under the Medical Practice Act for my child. I give permissi Ranch to give over-the-counter medication & administer any other treatments.	exposure to infectious/communicable diseases up to hospitalize, secure treatment, and order on to the adult designated above or the health ca	s, and/or death. In an any other treatment(s)
I understand that Victory Ranch reserves the right & responsibility to a ("What NOT to Bring") that may be harmful to himself/herself & to a child will dress according to those guidelines while at camp. I realize camp without expectation of compensation. As outlined in the camp camp and all provided teaching is biblically based. I have read, understand the compensation of the compensation of the camp camp and all provided teaching is biblically based.	other campers. I have read the Victory Ranch Die that my child's image or testimony may be used's Doctrinal Statement, I understand that Victor	ress Standards, and my sed in promotion of the
Parent/Guardian Signature	Date	
Adult Participant Agreement:		
By signing below, I certify that I understand that attendance and parti may result in injury, illness, exposure to infectious/communicable dis Ranch, its employees, staff, agents, volunteers, & representatives from activities, accident, injury, illness, exposure to infectious/communica physician selected by the camp to render or obtain such emergency responsible for any medical obligations and shall be liable and agree services rendered. I understand that Victory Ranch reserves the right & responsibility to a ("What NOT to Bring") that may be harmful to himself/herself & to ot dress according to those guidelines while at camp. I realize and agree	sease, disability, death, and/or other damages. It any & all liabilities connected with my transposed ble diseases, and/or death. In an emergency, I medical care or treatment as may be necessary to pay all costs and expense incurred in connects search the belongings of any camper if there is sher campers. I have read the Victory Ranch Drese that my image or testimony may be used in page 1.	hereby release Victory relation, participation in give permission to the y and accept that I am tion with such medical suspicion of contraband ass Standards, and I will
without expectation of compensation. I have read, understand, & agree		1
Supervising Adult Signature	Date	
Supervising Adult Signature	Date	
Payment Method:		
To reserve your place at Mini Camp, a \$20.00 deposit is required. To other 2024 mini camper who is not yet registered. Please include payments		e as a deposit for any
I will be paying by: ☐ Cash ☐ Check	Credit Card (online only) (includes \$5 processing fee per transaction)	
Camp Cost \$ <u>38.00</u>	Office Use	e Only
Minus Deposit or Full Payment \$	Reg	
Balance Due on Arrival \$	Dep	
	Ttl Pd	
	SM	