

Diocese of California
EcoPilgrimage Registration

2012

EcoPilgrimage \$425 July 8-11

A note about camp cost: The goal of The Bishop's Ranch is to provide quality camp and retreat experiences that are financially accessible to all. Published rates do not reflect the full cost of a Ranch stay. In order to ensure that summer camp programs are available to the greatest number of children and families, camp rates are subsidized an average of \$100 per camper, by two special Ranch funds: the Annual Fund and the Partnership Fund. These funds are supported by generous donors, including the Diocese of California. If you are able, please make a tax deductible donation to the Annual Fund or the Partnership Fund to help support this ministry.

Name: Last _____ First _____ F M
Mailing Address _____
City _____ State _____ Zip _____
Telephone (_____) _____ email address _____
Birthdate ____/____/____

Program Cost	\$425.00
Tax Deductible Donations:	
Annual Fund	+\$ _____
Partnership Fund	+\$ _____
	<hr/>
total due =	\$ _____

Send this application, fully completed, to The Bishop's Ranch, Summer Camps, 5297 Westside Road, Healdsburg, CA 95448. A \$75 non-refundable deposit is required to reserve your space in the EcoPilgrimage. Balance is due **June 15**.

Financial aid is available to those who need it. Send \$75 deposit with the Scholarship Application, available at www.bishopsranch.org. Check here if you would like one mailed to you.

Pictures and video may be taken during the trip. These images may be used to promote the ministry of The Bishop's Ranch on our website and printed material. Participant's names are not released with the images. Please initial here if you **do not** want your image used. _____ *initial*

Payment Options

I would like to pay by check. Amount enclosed \$ _____
Make checks payable to The Bishop's Ranch.

I authorize The Bishop's Ranch to charge my:
 Visa Mastercard for the amount of \$ _____

Name as it appears on the card: _____

Billing Address if different than mailing address:

Card # _____ - _____ - _____ - _____

Exp. Date ____/____/____ CVV (3-digit) _____

Signature _____

Programs offered by the Diocese of California are non-discriminatory in regards to race, color, religion, sex, national origin/ancestry or sexual orientation.

You will receive confirmation upon registration and an informational letter two weeks before the trip.

Name: Last _____ First _____ Birth Date ___/___/___

HISTORY frequent ear infections convulsions fainting spells diabetes
 emotional disorders asthma heart problem other _____

VACCINES are you currently up to date with Tetanus Yes No Yr. _____

ALLERGIES poison oak bee stings hay fever other _____
Any foods or drugs (please list) _____

Any special dietary needs? _____

If a vegetarian does camper eat: poultry? fish? dairy? eggs?

Please indicate any medications you are taking:

Any other comments, suggestions or information regarding your health or well being that would assist the staff in caring for you. All information will be regarded as confidential:

In case of emergency contact (Bay Area resident, please!):

1. _____ Relationship _____
City _____ Telephone: Day (____) _____ Evening (____) _____

2. _____ Relationship _____
City _____ Telephone: Day (____) _____ Evening (____) _____

Insurance Information:

Do you carry medical/hospital insurance? Yes No If so, name of insurance co. _____

Procedure authorization phone number (____) _____ Policy # _____

Group number _____ Name of employer _____

Name of insured _____ Social Security # of insured ____ - ____ - _____

Name of physician/health care provider: _____

Address _____ Telephone (____) _____

Please attach a photocopy of both sides of Medical Insurance Identification Card (some medical facilities require this before treatment)

IMPORTANT - MUST BE COMPLETED FOR ATTENDANCE

Participant authorization

I hereby grant permission to the staff to render preventative, first aid and/or emergency treatment that they deem necessary to my well being. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the staff to notify the designated emergency contacts in the most expeditious manner possible. If said staff is unable to communicate with my contacts, the treatment deemed necessary may be given.

I hereby:

1. Certify that, to the best of my knowledge, the medical information requested is complete and correct.
2. Agree to assume all risk of personal injury arising from participating in the EcoPilgrimage.
3. Agree not to hold the staff responsible for any injury(s) sustained during participation of the program.
4. Agree not to bring suit against The Bishop's Ranch and/or its staff for any injury sustained.
5. Understand that if necessary, in the judgement of the leaders, to use outside medical, surgical, or dental treatment for my health and well being, that all such expenses shall be my responsibility.

Signature of participant

Date