



JH RANCH
CALIFORNIA

Parent & Son/Daughter
Registration Packet

For more information visit our website at
www.jhranch.com

Parent & Son/Daughter Adventures

Directions and Suggested Packing List

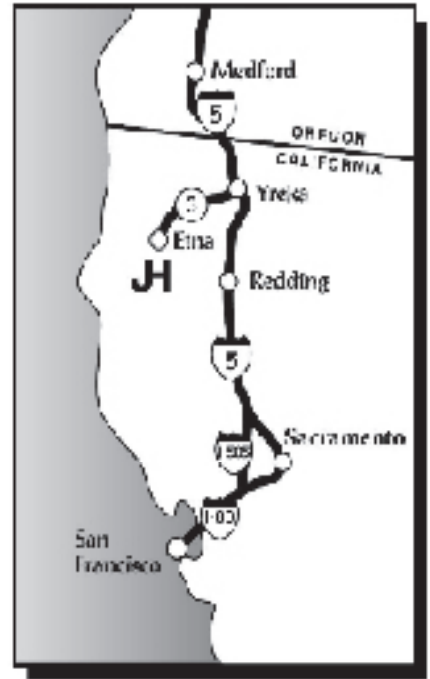
Registration for Parent & Son/Daughter Adventures will take place between 6:00 p.m. and 9:00 p.m. on the first day of the program. Note: Dinner will not be served at the Ranch on the arrival night. Please make arrangements to eat before your arrival at the Ranch. The city of Yreka offers a good variety of restaurants close to the Ranch. Activities for Parent & Son/Daughter will end after the evening's closing ceremony and continental breakfast will be served on the morning of departure. Please make your departing flight plans accordingly.

Travel and Car Rental • • • • •

Many guests will fly into Sacramento, San Francisco, Redding, CA, or Medford, OR, rent a car, and then drive or carpool to the Ranch. Your rental vehicle or personal vehicle will be used for various activities during your week at the Ranch and therefore must be reserved and/or available for the entire week of your stay.

Please do not follow GPS navigation systems' directions. The best driving route from the Bay Area, Sacramento, or Redding is to take Interstate 5 north to Yreka, then take Highway 3 through Fort Jones to Etna (40 minutes). Just before reaching Etna, turn left and continue on Highway 3 toward Callahan. Turn right on French Creek Road, which is four miles south of Etna. The Ranch is located four and a half miles up French Creek Road on the right. From Medford, OR, travel south (1 hour) on Interstate 5 to Yreka, go south on Highway 3, then follow the directions above from Yreka to the Ranch.

JH Ranch has secured the services of a travel agency to assist those who will be participating in Parent & Son/Daughter Adventures. For those choosing to use a travel agent, Travel Designers at 877-473-5638 in Birmingham, AL is familiar with our program needs. *These rates are not guaranteed to be the lowest.*



Note: If you have any travel delays, please notify the Ranch so that we can plan for your late arrival. The Ranch phone number is 530-467-3468.

Packing List • • • • •

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1 Pillow with pillow case <input type="checkbox"/> 1 Sleeping bag* (You will need a sleeping bag for a night away from the Ranch. If you do not want to sleep in your sleeping bag throughout the week, you will need to bring single sheets and a blanket.) <input type="checkbox"/> 1 Daypack/bookbag <input type="checkbox"/> 1 Bible <input type="checkbox"/> 1 Insect repellent <input type="checkbox"/> 1 1-quart plastic water bottle <input type="checkbox"/> 6-7 T-shirts (long and short sleeve) <input type="checkbox"/> 1 Warm jacket and/or sweatshirt <input type="checkbox"/> 6-7 Pairs of shorts <input type="checkbox"/> 2 Jeans/long pants <input type="checkbox"/> 1 Bathing suit (Modest, lined, one-piece for females) | <ul style="list-style-type: none"> <input type="checkbox"/> 1 Bottle of sunscreen <input type="checkbox"/> 1 Hat or cap <input type="checkbox"/> 1 Pair of tennis shoes <input type="checkbox"/> 1 Pair of river shoes (sandals, Tevas, etc.) <input type="checkbox"/> Socks <input type="checkbox"/> Towels <input type="checkbox"/> Flashlights <input type="checkbox"/> Toiletries <i>Optional:</i> <input type="checkbox"/> Sunglasses <input type="checkbox"/> Rodeo attire <input type="checkbox"/> Casual banquet attire <input type="checkbox"/> Camera |
|--|--|

*Sleeping bags are available for rent (see program application)

Parent & Son/Daughter Checklist

When sending in your application, please make sure that you have completed and attached the following information

FORMS NECESSARY:

- Completed Program Application with signatures
- Completed Student Information
- Completed Applicant Health History for **parent and child** with signatures
- Copy of health insurance coverage (front and back)
- ATTACH A SEPARATE SHEET OF PAPER WITH WRITTEN DESCRIPTION FOR THE FOLLOWING:
 1. What areas of growth or maturity would you like to see in your child as a result of him/her coming to the JH Ranch?
 2. Describe the current relationship you have with your child.
- Student Photograph attached to the front of application

Please fill out all forms and mail promptly with the deposit to secure a place in any of the JH programs.

Make checks payable to JH Ranch. Please send application, deposit, and future payments to:

JH Ranch
402 Office Park Drive, Suite 310
Birmingham, AL 35223
205-879-5601
Fax #: 205-879-5665

After May 14, 2012 send to:
8525 Homestead Ln.
Etna, CA 96027
530- 467-3468
Fax #: 530-467-5890

2012 Program Application

Parent, complete and mail this form within 2 weeks of registration.

Father & Son/Daughter

- June 2 - June 9
- June 10 - June 17
- July 22 - July 29
- July 30 - August 6

Father/Daughter Only

- July 1 - July 8

Mother & Son/Daughter

- June 2 - June 9
- July 30 - August 6

CHILD ATTENDING:

Full Name _____ Goes by _____ Male Female

Date of Birth _____ Cell Phone (____) _____ Email _____

School _____ Grade _____ Church _____

Parents' Marital Status: Married Divorced

CORRESPONDENCE:

To whom to send: Father Mother Other _____

Mailing Address _____

City _____ State _____ Zip _____ Home Phone (____) _____

FATHER (even if not attending program):

Dr./Mr. _____ Goes by _____

Date of Birth _____ Cell (____) _____ E-Mail Address _____

Occupation _____ Business Name _____ Business Phone (____) _____

MOTHER (even if not attending program):

Dr./Mrs./Ms. _____ Goes by _____

Date of Birth _____ Cell (____) _____ E-Mail Address _____

Occupation _____ Business Name _____ Business Phone (____) _____

If Applicable:

Step Father: Dr./Mr. _____ Step Mother: Dr./Mrs./Ms. _____

Email _____ Cell (____) _____ Email _____ Cell (____) _____

List two contacts to be notified in case of emergency:

Name _____ Phone #: (____) _____ Relationship _____

Name _____ Phone #: (____) _____ Relationship _____

How did you hear about the Ranch? Friend/Contact (name) _____

Website Mailing Presentation Other _____

Gear Rental:

Sleeping bag (for use during all programs) \$30.00 Rental Fee Quantity _____

Cancellation Policy and Conditions of Application

Tuition is due in full at time of registration. Tuition (less \$200) is fully refundable until April 1st. If cancellation occurs after April 1st, the entire tuition will be forfeited. Choosing to change sessions within 30 days of your program's start date is considered to be a cancellation of an existing registration. If you are unable to pay in full at time of registration or need assistance, please contact us at 800-242-1224.

Parent/Guardian Responsibility Waiver

I have read and will abide by the JH Ranch/Second Wind Programs cancellation policy and conditions of application.

JH Ranch/Second Wind does not have staff or facilities to properly care for individuals who, in our judgement, have medical, social, behavioral, or psychological disorders. Accordingly, we reserve the right to refuse enrollment to, or send home any applicant or camper whose condition is, in our judgement, beyond our capability to provide proper care, or who in our judgement, poses an unreasonable threat to the health or safety of other campers or staff. No refunds will be made for dismissals or withdrawals during program sessions. JH Ranch is not responsible for any costs the guest incurs as a result of refused enrollment or being sent home early.

The JH Ranch is not responsible for items lost or stolen while attending a program.

I understand that pictures and videos are taken during programs and I hereby give permission for the use of such pictures and videos for the promotion of the JH Ranch.

I give permission for JH Ranch to transport the undersigned and/or the undersigned's child in vehicles for program approved activities at JH Ranch and other locations.

I understand that the JH Ranch resides in a location that is 45 minutes from a local hospital.

The undersigned does hereby discharge, acquit and covenant to defend, indemnify and hold harmless JH Ranch/Second Wind Programs and all of its respective agents, employees, successors, predecessors and assigns from any and all claims, demands, and or liabilities by the undersigned or by the undersigned's child, on account of any injuries, losses, and/or damages to undersigned and/or undersigned's child and/or property that have or may be caused or may at any time arise by reason of my participation or my child's participation in a JH Ranch/Second Wind sponsored program; the intent being to completely, absolutely, and finally release JH Ranch/Second Wind Programs and its respective agents, employees, successors, predecessors and assigns from any and all liability arising wholly or partially from its operation of any of its programs or activities.

I realize and do hereby acknowledge the possible dangers inherent in programs involving outdoor activity and will strive to conduct myself in a safe manner. I assume responsibility for my own behavior and also will hold no other person, group or organization responsible in any way for any injury or harm not maliciously caused.

Participating Parent's Signature _____ **Date** _____

Student Signature (if over 18) _____ **Date** _____

Student Agreement

I promise to conform to the rules and regulations of the JH Ranch. I understand that drinking, smoking (or the possession of alcohol, illegal drugs or tobacco), pornography, sexual misconduct and stealing result in immediate dismissal from the Ranch.

Student Signature _____ **Date** _____



Student Information

This section to be completed by the student.

Complete and mail this form within 2 weeks of registration.

Student Name (Please print) _____ Goes by _____

Program Attending _____

The following questions help us get to know you better:

1. What are you most looking forward to during your stay at JH Ranch? _____

2. In your time at the Ranch, what do you want to learn about life or learn from God? _____

3. Describe your relationship:
with your parents _____

with God _____

4. What has been the greatest challenge in your life? With your parents? _____

5. List your personal interests and hobbies. _____



APPLICANT HEALTH HISTORY

This form must be completed for each participant.
Please Keep a Copy for Your Records.

Child Participant

Name: _____

Emergency Contact: _____ Relationship to Attendee: _____

Day Phone #: (_____) _____ Evening Phone #: (_____) _____

If you are bringing prescription medications they MUST be in the original pharmacy labeled container or the original manufacturer's container.

Prescription medications MUST have your attendee's name on the bottle.

Any doctor's office samples MUST be accompanied by a signed physician prescription.

Please limit the amount of medication to only what is required for your program.

Our Health Center provides most common over the counter medications.

Please indicate if you are currently taking any medication or will be taking medications during your program.

Name of Medication: _____ **Dosage:** _____ **Time taken each day:** _____

Name of Medication: _____ **Dosage:** _____ **Time taken each day:** _____

Authorization for Health Care:

1. This Health History is correct and complete as far as I know and the person herein described has permission to engage in all prescribed Ranch activities except as noted. I will notify the JH Ranch office in writing of any changes that occur in the above information between the date signed the attendee's arrival at the Ranch.

2. Authorization for Treatment: I hereby give permission to the Ranch to provide routine health care, to administer medications, and seek emergency medical treatment including ordering X-rays, routine tests and treatment.

3. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Ranch to provide or arrange necessary related transportation for me/my child. In the event of an emergency, I hereby give permission to the physician and/or nurse selected by the Ranch director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for the activities off of the Ranch property.

Signature of Parent/Guardian _____ **Date** _____

Signature of Student (if over 18 years old) _____ **Date** _____

Please attach a separate sheet if additional explanation is needed.

Allergy History:	YES	NO	Explanation
Allergic to Poison Ivy, Poison Oak, or Sumac	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to insect stings	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Shellfish, Eggs, or Milk	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to other foods	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Health History:	YES	NO	Explanation
Asperger Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Physical Disability (muscular/coordination)	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Blind / Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Enuresis (bed wetting)	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Knee Problems (total knee replacement, ACL, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Last surgery date, if applicable:
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Tourette Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Hard of Hearing/Deaf	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Back or neck injury (Previous)	<input type="checkbox"/>	<input type="checkbox"/>	Last surgery date, if applicable:
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Cardiac Issues / Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Bladder / Kidney	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis or Explanation:
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Other concerns/disorders	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Describe any bones broken within the past year	<input type="checkbox"/>	<input type="checkbox"/>	Describe broken bone, including severity, type of fracture and the date of injury:
Celiac Disease	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Immune Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Has your camper been hospitalized in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Are there any activities you're restricted from doing?	<input type="checkbox"/>	<input type="checkbox"/>	What are the restrictions and why:
Social Concerns	YES	NO	Explanation
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Drug and Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Lifestyle Choices	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Suicide Tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Self-Mutilating Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
ODD / PDD	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Bi-Polar / Psycho - Social Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Medication Allergies	YES	NO	Explanation
Allergic to Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Augmentin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Bactrim/Septa/Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Celcor	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Cefzil	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Cephalixin/Keflex	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Zithromax	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to another medication	<input type="checkbox"/>	<input type="checkbox"/>	What is the medication?



APPLICANT HEALTH HISTORY

This form must be completed for each participant.
Please Keep a Copy for Your Records.

Parent Participant

Name: _____

Emergency Contact: _____ Relationship to Attendee: _____

Day Phone #: (_____) _____ Evening Phone #: (_____) _____

If you are bringing prescription medications they **MUST** be in the original pharmacy labeled container or the original manufacturer's container.

Prescription medications **MUST** have your attendee's name on the bottle.

Any doctor's office samples **MUST** be accompanied by a signed physician prescription.

Please limit the amount of medication to only what is required for your program.

Our Health Center provides most common over the counter medications.

Please indicate if you are currently taking any medication or will be taking medications during your program.

Name of Medication: _____ **Dosage:** _____ **Time taken each day:** _____

Name of Medication: _____ **Dosage:** _____ **Time taken each day:** _____

Authorization for Health Care:

1. This Health History is correct and complete as far as I know and the person herein described has permission to engage in all prescribed Ranch activities except as noted. I will notify the JH Ranch office in writing of any changes that occur in the above information between the date signed the attendee's arrival at the Ranch.

2. Authorization for Treatment: I hereby give permission to the Ranch to provide routine health care, to administer medications, and seek emergency medical treatment including ordering X-rays, routine tests and treatment.

3. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the Ranch to provide or arrange necessary related transportation for me/my child. In the event of an emergency, I hereby give permission to the physician and/or nurse selected by the Ranch director to secure and administer treatment, including hospitalization, for the person named above. The completed form may be photocopied for the activities off of the Ranch property.

Signature of Parent/Guardian _____ **Date** _____

Signature of Student (if over 18 years old) _____ **Date** _____

Please attach a separate sheet if additional explanation is needed.

Allergy History:	YES	NO	Explanation
Allergic to Poison Ivy, Poison Oak, or Sumac	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to insect stings	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Shellfish, Eggs, or Milk	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to other foods	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Health History:	YES	NO	Explanation
Asperger Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Blood Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Down Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Physical Disability (muscular/coordination)	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Blind / Legally Blind	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Eczema	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Enuresis (bed wetting)	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Knee Problems (total knee replacement, ACL, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	Last surgery date, if applicable:
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Tourette Syndrome	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Autism	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Hard of Hearing/Deaf	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Back or neck injury (Previous)	<input type="checkbox"/>	<input type="checkbox"/>	Last surgery date, if applicable:
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Cardiac Issues / Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Bladder / Kidney	<input type="checkbox"/>	<input type="checkbox"/>	Diagnosis or Explanation:
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Other concerns/disorders	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Sleep Walking	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Night Terrors	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Describe any bones broken within the past year	<input type="checkbox"/>	<input type="checkbox"/>	Describe broken bone, including severity, type of fracture and the date of injury:
Celiac Disease	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Immune Disorders	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
ADD / ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Hypoglycemia	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Has your camper been hospitalized in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Are there any activities you're restricted from doing?	<input type="checkbox"/>	<input type="checkbox"/>	What are the restrictions and why:
Social Concerns	YES	NO	Explanation
Depression	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Physical Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Sexual Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Emotional Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Drug and Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Lifestyle Choices	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Suicide Tendencies	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Self-Mutilating Behavior	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
ODD / PDD	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Eating Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Migraines	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Bi-Polar / Psycho - Social Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Medication Allergies	YES	NO	Explanation
Allergic to Amoxicillin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Augmentin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Bactrim/Septa/Sulfa	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Celcor	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Cefzil	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Cephalixin/Keflex	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Codeine	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Doxycycline	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Ibuprofen	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Penicillin	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Tylenol	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to Zithromax	<input type="checkbox"/>	<input type="checkbox"/>	Explain:
Allergic to another medication	<input type="checkbox"/>	<input type="checkbox"/>	What is the medication?