



**Husband & Wife
Registration Packet**

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

Husband & Wife

Directions and Suggested Packing List



Registration for Husband & Wife 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 on the arrival night. Please make arrangements to eat before your arrival at the Ranch or the Scott River Lodge. The city of Yreka offers a good variety of restaurants close to the Ranch and the Lodge. Activities for Husband & Wife will end after the evening's closing ceremony and breakfast will be served on the morning of departure. Please make your departing flight plans accordingly.

Travel and Car Rental

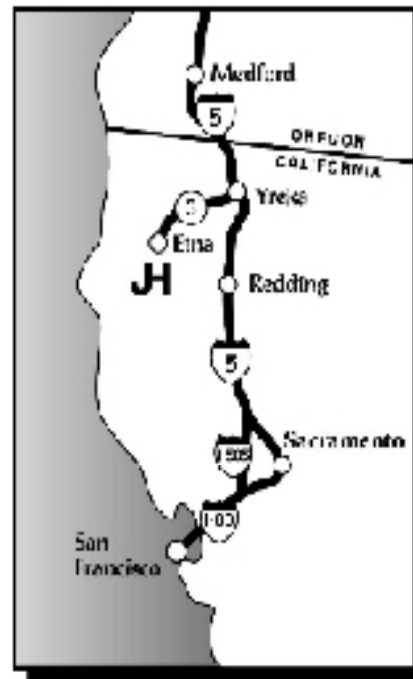
Many guests will fly into Sacramento, San Francisco, Redding, CA, or Medford, OR, rent a car, and then drive or carpool to the Ranch or the Scott River Lodge. Your rental vehicle or personal vehicle will be used for various activities and therefore must be reserved and/or available for the entire week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

To the JH Ranch:

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. The address of the Ranch is 8525 Homestead Lane, Etna, CA 96027. If you have any travel delays, please notify the Ranch at 530-467-3468.

To the Scott River Lodge:

The best driving route to Scott River Lodge **from the Bay Area, Sacramento, or Redding** is to take Interstate 5 north to Yreka, then take Highway 3 South for about 15 miles through Fort Jones. Just after going through Fort Jones, turn right onto Scott River Road. Continue for 19.7 miles. Scott River Lodge will be on your 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 Lodge. The address of the Lodge is 19432 Scott River Road, Fort Jones, CA 96032. If you have any travel delays, please call the Scott River Lodge at 530-496-3167.



Packing List

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> 1 Pillow with pillow case (Ranch only) <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. Couples residing at Scott River Lodge do not need a sleeping bag.) <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, Texas, etc.) <input type="checkbox"/> Socks <input type="checkbox"/> Towels (Ranch only) <input type="checkbox"/> Flashlights <input type="checkbox"/> Toiletries |
|---|--|

Optional:

- Sunglasses
- Rodeo attire
- Casual banquet attire
- Camera

*Sleeping bags are available to rent (see Program Application)

Husband & Wife Application 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 Applicant Information for EACH person
- Completed Applicant Health History for EACH person with signatures
- Copy of health insurance card (front and back)

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



2010 Program Application

Please complete and mail this form within 2 weeks of registration.

Husband & Wife

This program is a one-week getaway for husbands and wives. You and your spouse will explore relevant topics and discuss characteristics of godly marriages. Couples will enjoy Ranch adventures, connect with other husbands and wives, and have abundant time together.

Husband & Wife: Scott River Lodge Option

Deluxe accommodations at the Scott River Lodge for Husband and Wife weeks are now available for an additional charge. (These accommodations take the place of what is offered in our standard housing at the JH Ranch.) Scott River Lodge is limited to 10 couples per available session on a first come basis. Call for details and program registration.

Session Dates:

- June 5 - June 12 June 12 - June 19 July 3 - July 10
- July 25 - August 1 August 1 - August 8

HUSBAND:

Dr./Mr. _____ Goes by _____
 Date of Birth _____ Cell (_____) _____ E-Mail Address _____
 Occupation _____ Business Name _____ Business Phone (_____) _____
 Mailing Address _____
 City _____ State _____ Zip _____ Home Phone (_____) _____
 Church _____

WIFE:

Dr./Mrs./Ms. _____ Goes by _____
 Date of Birth _____ Cell (_____) _____ E-Mail Address _____
 Occupation _____ Business Name _____ Business Phone (_____) _____
 Mailing Address (If different from above) _____
 City _____ State _____ Zip _____ Home Phone (_____) _____
 Church _____

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 Husband/Wife at the Ranch) \$30.00 Rental Fee Quantity _____

Cancellation Policy and Conditions of Application

Tuition (less deposit) 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. Those making partial payments must forward \$400 by November 1 and 50% of the remaining balance by February 1. The final payment must be received by April 1. (For special considerations, please contact us at 800-242-1224).

Participants 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.

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.

Male Signature _____ **Date** _____

Female Signature _____ **Date** _____

(Both signatures required)



Husband & Wife Information

This section to be completed by each participant

Husband (Please print) _____

Wife (Please print) _____

1. How long have you been married? _____

2. What are you most looking forward to during your stay? _____

3. Describe your relationship:
with your spouse _____

with God _____

with children, if applicable _____

4. What would your friends say your strongest quality is? _____

5. List your personal interests and hobbies. _____

6. What are the strengths in your relationship with your spouse? _____

7. What aspect of your marriage would you like to improve? _____

8. Please list the number of children that you have and their ages. _____

9. What topics relating to marriage would you most like to discuss? _____



APPLICANT HEALTH HISTORY

*This section must be filled out by EACH participant.
Please Keep a Copy for Your Records.*

IMPORTANT:

Answer the following questions thoroughly and accurately to help our medical and kitchen staff. Please notify JH Ranch if you have been exposed to a communicable disease during the (3) weeks prior to attendance. You must sign the authorization section of this form and return with a copy of your insurance card in order to attend. All forms should be sent to the address listed at the bottom of this page.

Billing Information for Health Care: There is generally no charge for health care received from the health center at the Ranch. If out-of-Ranch care is needed you are responsible for all expenses incurred.

Name: _____ Height: _____ Weight: _____ Program: _____

Physician: _____ Phone #: (_____) _____

Date last seen: _____ Reason: _____

Insurance Provider: _____ Contract #: _____ Group #: _____

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 Ranch director in writing of any changes that occur in the above information between the date signed and camper'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. 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 _____ Date _____

Allergies:

List all medication, food, and other allergies which apply to this participant. Please describe reaction and management of the reaction.

Medication: Bring enough daily medication to last entire session. ALL medications MUST be in pharmacy containers and appropriately labeled.

Please list name of medication, reason for taking, dosage and specific times taken each day in space below.

- This participant takes NO medication on a routine basis
- This participant takes routine medication (include vitamins) as follows (attach more information if needed);

Prescription(s) _____

Ranch Medications:

The following medications, stocked in the Ranch Health Center, are used to manage illness or injury and dispensed as directed by our medical protocols. Please check the over the counter medications we DO NOT have permission to give this participant.

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen (Tylenol/Ibuprofen) for fever, headache, pain | <input type="checkbox"/> Calagel for skin rash, insect bites, itching |
| <input type="checkbox"/> Bismuth (Pepto Bismal) for upset stomach | <input type="checkbox"/> Diphenhydramine (Benedryl tabs) itching, allergies |
| <input type="checkbox"/> Cough Syrup, cough drops (expectorant, suppressant) | <input type="checkbox"/> Hydrocortisone Cream for itching |
| <input type="checkbox"/> Hydramine (Benedryl liquid) itching, allergies | <input type="checkbox"/> Immodium or Kaopectate for diarrhea |
| <input type="checkbox"/> Milk of Magnesia or Metamucil for constipation | <input type="checkbox"/> Pseudoephedrine (Sudafed) a decongestant |
| <input type="checkbox"/> Antibiotic Cream for cuts, abrasions | |

General Questions Explain "Yes" answers below.

Has/does the participant:	Yes	No		Yes	No
1. Had any recent injury, illness or infectious disease?.....	<input type="checkbox"/>	<input type="checkbox"/>	11. Ever had high/low blood pressure?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?.....	<input type="checkbox"/>	<input type="checkbox"/>	12. Ever had back problems?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?.....	<input type="checkbox"/>	<input type="checkbox"/>	13. Ever had any problems with joints.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?.....	<input type="checkbox"/>	<input type="checkbox"/>	14. Have diabetes?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?.....	<input type="checkbox"/>	<input type="checkbox"/>	15. Have asthma?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?.....	<input type="checkbox"/>	<input type="checkbox"/>	16. Had mononucleosis in the past 12 months?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?.....	<input type="checkbox"/>	<input type="checkbox"/>	17. If female, have abnormal menstrual history?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Ever passed out during or after exercise?.....	<input type="checkbox"/>	<input type="checkbox"/>	18. Ever had an eating disorder?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had seizures?.....	<input type="checkbox"/>	<input type="checkbox"/>	19. Ever had emotional difficulties for which professional help was sought?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever had chest pain during or after exercise?...	<input type="checkbox"/>	<input type="checkbox"/>	20. Ever been treated for substance abuse?	<input type="checkbox"/>	<input type="checkbox"/>

Please explain any "yes" answers, noting the number of questions. Use additional paper if necessary.

21. Date of last Tetnus Immunization. _____

Restrictions

The following restrictions apply to this participant.

Dietary

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat pork | <input type="checkbox"/> Does not eat eggs | <input type="checkbox"/> Does not eat poultry |
| <input type="checkbox"/> Does not eat fish | <input type="checkbox"/> Does not eat dairy products | <input type="checkbox"/> Other (describe) _____ | |

Activity

Explain any restrictions to activity (e.g. what cannot be done, what adaptations or limitations are necessary) _____

Use this space to provide any additional information about the participant's behavior and physical, emotional, or mental health (i.e. ADD, ADHD, depression, OCD) about which we should be aware. JH Ranch summer programs are for emotionally well and physically active participants only. _____



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