

# Day Camp Registration for 2017

**THE COLORADO MOUNTAIN RANCH \*\* 10063 Gold Hill Road, Boulder CO 80302 \*\* 303-442-4557**

*Your Satisfaction is Guaranteed! \*\* Fax: 303-417-9114 \*\* Email: Office@ColoradoMountainRanch.com*

Camper's Name \_\_\_\_\_ Likes to be Called \_\_\_\_\_ M  F  Birth Date \_\_\_\_\_

**One child per registration form please. Copy this packet if you are registering more than one child.**

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Age at camp time \_\_\_\_\_ School \_\_\_\_\_ Grade in the Fall \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Work Name & Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell# \_\_\_\_\_ Relationship \_\_\_\_\_

Parent/Guardian Work Name & Address \_\_\_\_\_ Business Phone# \_\_\_\_\_

Child lives with: Both parents  Mom  Dad  Grandparents  Other  (whom?) \_\_\_\_\_

Siblings' names and ages \_\_\_\_\_

Your email address(es) \_\_\_\_\_

In addition to those already listed above, two more contacts are required by the State of Colorado Department of Child Care. The following have my permission to sign my child out from the park or camp and may be contacted when I cannot be reached.

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Check WEEKLY SESSION and print the appropriate letter CODE (shown below) for the specific CAMP PROGRAM

<u>Weekly Sessions</u>	<u>Code</u>		<u>Weekly Sessions</u>	<u>Code</u>
June 5-9 _____	_____		July 10-14 _____	_____
June 12-16 _____	_____		July 17-21 _____	_____
June 19-23 _____	_____		July 24-28 _____	_____
June 26-30 _____	_____		July 31-Aug 4 _____	_____
July 5-7* _____	_____		August 7-11 _____	_____
*July 4 <sup>th</sup> is a 3 day week – NO CAMP MONDAY AND TUESDAY			Family Camp Day, Sat. August 5	_____
			[Indicate interest above, enroll later]	

**CODE and CAMP PROGRAMS – Every Program is available each week until full**

- |   |  |
|---|--|
| <p>A) <b>Adventure Camp</b> – Ages 7-13.....\$475 per week</p> <p>H) <b>Horses!</b> Focus – Ages 10-16.....\$575 per week</p> <p>G) <b>Gymnastics!</b> Focus – Ages 10-15.....\$525 per week</p> <p>M) <b>Mountainboarding!</b> Focus – Ages 10-15.....\$525 per week</p> <p>E) <b>Earth!</b> Focus – Ages 10-15.....\$525 per week</p> | <p>F) <b>Frolf!</b> Focus (Frisbee Golf) – Ages 10-15.....\$525 per week</p> <p>T) <b>Trail Blazers!</b> Focus – Ages 10-15.....\$525 per week</p> <p>W) <b>Water!</b> Focus – Ages 7-15.....\$525 per week</p> <p>C) <b>CITs!</b> Counselors-in-Training – Ages 13-16+.....rates per week<br/>Age 13- \$525; Ages 14&amp;15- \$450; Age 16- \$350; Age 17- FREE</p> |
|---|--|

**Overnights:** Early payment for overnights is **not** necessary. Earth, Trail Blazers & CIT's may also camp out Wednesday night. Camp outs and overnights each cost \$65 per child per night and **will be due the week your child attends**. If your child has food allergies, please send special food(s).

This is my authorization for participation in any/all camp outs or overnights: Yes  No  Exceptions \_\_\_\_\_

**Rates** are indicated by each **Camp Program** above. **\*\*The July 4<sup>th</sup> week is 3 days Wed-Fri, with Adventure Camp \$285, Horse Focus \$345 and other Focus Programs \$315\*\***. Along with this completed Registration Form, include either: **(1)** The \$45.00 non-refundable registration fee per family plus a \$50.00 non-refundable deposit for each week, which will be credited to the weekly rate; **OR (2)** The \$45.00 non-refundable registration fee per family plus the full balance of the week(s) selected. Campers may enroll for a week or more (no daily rates or make-up days). A \$10 will be charged for each switched week. NOTE: Tuition is due at least 10 days in advance for each week. Please notify the Office of changes or cancellations.

**Please credit my account for the following option (check one):** (1) Registration Fee & Deposits  or (2) Registration Fee & Full Balance

- **BY CHECK:** A check for \$ \_\_\_\_\_ is enclosed. Note child's name and the week(s) you are paying for on every check you submit.
- **BY CARD:** Charge my credit card written below for \$ \_\_\_\_\_ now and to keep on file for any future payments.
- I would also like to make a contribution to the **Mountain Summers Scholarship Fund** \$ \_\_\_\_\_.

Name \_\_\_\_\_

**Page 1 of 2**      Please print name on card      Visa/Master/Amex      Card Number      CVC Code      Exp Date      Billing Zip

Camper's Name \_\_\_\_\_

At North Boulder Park all children must be signed in and out. My child: May  May Not  sign himself/herself out.

Child wishes to be in group with: Name AND age \_\_\_\_\_  
No more than 3 choices - must be same age. Groups are arranged in advance. – Thanks!

Past history of lacerations, injuries or illnesses \_\_\_\_\_

Allergies (food, animals, etc.) \_\_\_\_\_ Activity Restrictions \_\_\_\_\_

Special medication taken outside of Camp \_\_\_\_\_ Reason \_\_\_\_\_

Medication to be taken **AT CAMP** \_\_\_\_\_ Reason \_\_\_\_\_

Medication must be in original containers and accompanied by Medication Administration Form(s) signed by you and your doctor indicating time and dosage. Please give to our staff at the park check-in table. Children need to go to the Camp Office to take their medication. Most of our activities will take place in an outdoor environment. At this altitude the sun is stronger. Send a hat and sunscreen and please instruct your child to use them both.

**To help keep sickness out of camp PLEASE do not send your child to camp if he/she is ill.**

Any other helpful information \_\_\_\_\_

Your insurance carrier \_\_\_\_\_ Policy# \_\_\_\_\_

Name Address Phone Phone#

Family Doctor \_\_\_\_\_ Phone# \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone# \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

How did you hear about The Ranch? \_\_\_\_\_ Has your child attended before? \_\_\_\_\_

**Acknowledgement of Risks and Agreement for Participation at The Colorado Mountain Ranch:**

- I have read and understood the Parent Handbook, found on our website under Summer Camps → Parent Handbook.
- I understand that there are numerous risks associated with participation in any camping activities including but not limited to hiking, horses, small farm animals, target sports, ropes courses, gymnastics, swimming, trampoline, crafts and vehicles. Activities will take place in an outdoor environment in mountainous terrain. For this and other reasons, the risks cannot be eliminated, altered or completely controlled. Some but not all of the risks include: Horses and other camp animals which are involved in some activities are sometimes unpredictable, may step on, kick or bite, may act and respond in unexpected ways to such things as sounds, movement, unfamiliar objects, persons, other animals, bicycles, motorcycles, automobiles and weather conditions. Counselors, guides and administrators who try and use their best judgment in determining how to react to circumstances may sometimes misjudge. Weather conditions may change rapidly and cause injury directly (hail, lightning, sunburn, etc.). Equipment used may break, fail or malfunction despite reasonable maintenance and use. Natural environment and weather in connection with horses or any outdoor activity can create risk or injury from tree branches, falling, tripping, insect or animal contact, unstable surface conditions, rocks and dirt.
- I give my permission for my child to ride in camp vehicles.
- I give my permission to use any individual or group photographs showing my child in camp activities for publicity and other purposes.
- I give my permission for my child to enter into all camp activities other than any restrictions listed, including trips away from camp premises whether on foot, horseback or by camp vehicle. I also give my permission for camp staff to apply sunscreen to my child.
- I understand that in the event that my child has a medical emergency, if I cannot be reached by phone this constitutes a release for the treating physician(s) and guarantees payment. I understand The Ranch does not provide medical insurance and I am responsible for all medical bills.
- I understand that any part of The Colorado Mountain Ranch program may take place on public land. I agree to indemnify and hold harmless the Department of the Interior, The United States Forest Service and the Bureau of Land Management.
- I agree that my child and I will assume all of the risks whether known or unknown and do hereby release and forever discharge The Colorado Mountain Ranch, its administrators, employees and agents of any liability, with respect to any injury, illness, damage or death, occurring to my child while he/she participates in any and all camp programs, activities and transportation.
- I agree that the law of the State of Colorado shall govern this document and all other aspects of my and my child's relationship with The Colorado Mountain Ranch and its agents and employees. Further, I agree that any legal proceeding concerning such relationship must be filed exclusively in the State of Colorado.

I have full custody of this child and am authorized to sign this agreement. I have read and understand the above and agree to be bound by the terms of this document.

Signature of Parent or Guardian:

Date:

\_\_\_\_\_  
I authorize a facsimile or email of this completed registration to serve as an original.

**2017 Day Camp Registration**

*The Colorado Mountain Ranch \*\* A Family Owned Company Since 1927*

Inspected and licensed by the Colorado Department of Human Services, Child Care Division