



BlueMountainRanch.com
P. O. Box 146 • Florissant, CO 80816
E-mail: camp@bluemountainranch.com
Phone: 719-748-3279
Fax: 719-748-3472

2021 CAMPER APPLICATION

PLEASE ATTACH A RECENT PHOTO OF APPLICANT • PLEASE PRINT • READ & SIGN BOTH SIDES

Camper Information:

Camper's Name: _____
First Middle Last Nickname

Address: _____

Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Sex: _____

Name of School: _____ Grade entering: ____ This is my child's ____ year at BMR.

Can your child: swim _____ ride horseback _____ play an instrument (list) _____

What are your child's hobbies/special interests? _____

List three activities you would like your child to experience at camp:

Does your child have any special habits? _____
(bed wetting, headaches, food allergies, sleep walking/nightmares)

What do you desire your child to accomplish at camp? _____

Personal Reference: _____ School Reference: _____

Camp Session Preferred (check one):

- Session One: June 12 – June 27 (16 days) \$2750
- Session Two: June 30 – July 22 (23 days) \$4300
- Session Three: July 25 – August 9 (16 days) \$2900
- Two Session Combo \$6300
- I will call office to discuss possible dates

Please enclose your deposit of \$250 for EACH TERM attending to be credited to camp fee.

I agree to pay the balance on or before May 1, 2021. I have read and agree to the terms as stated on the reverse side of this application.

Parent/Guardian Signature: _____

For Office Use Only:

Date Enrolled: _____ Enrolled by: _____



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Parent/Guardian Information:

Mother's Name: _____ Mother's Employer: _____ Mother's Occupation: _____

Mother's work address: _____

Mother's home address: _____ Home Phone: _____

Mom Cell: _____ Mom Work: _____ Mom Email: _____

Father's Name: _____ Father's Employer: _____ Father's Occupation: _____

Father's work address: _____

Father's home address (if different from mother): _____ Home Phone: _____

Dad Cell: _____ Dad Work: _____ Dad Email: _____

Are parents divorced: _____ If divorced, list the name of the custodial parent: _____

If divorced, is the non-custodial parent allowed to visit/take child from camp? _____

Are either parents deceased? _____

Where did you hear about Blue Mountain Ranch? _____

List the names and ages of other children in the family: _____

List the names and addresses of three friends you would like to recommend to BMR:

Terms of Application:

- Blue Mountain Ranch is not responsible for campers while they are traveling to and from camp.
- Blue Mountain Ranch is not responsible for loss of personal equipment by fire, theft, water damage, or carelessness of camper. The camp will provide every reasonable safeguard for the health and safety of each child. However, in the event of accident or illness, parents will pay all expenses. Parents will be billed for any prescriptions or medicines required. In case of early departure due to illness or accident, loss of remaining camp fee will be shared equally between camp and parents.
- Parents should not take camper out of camp. Health, happiness, and personal accomplishments in camp are better for campers who do not leave camp, even with parents. Special trips to Colorado Springs on medical, optical, and dental matters, or to meet late arrivals or arrange for early departures, are at extra expense both for transportation and supervision at \$.50 per mile (round trip to Colorado Springs is 70 miles). Trips to Denver are \$100 per child.
- No reduction will be made for late arrivals or early departures of terms enrolled for, regardless of reason. The value of the camping experience is minimized by either late arrival or early departure for the camp term.
- In signing application, the parent certifies that the child is in good, normal health, has no abnormal tendencies, and would make a desirable companion for other children. It is understood that the Director reserves the right to refuse any applicant without stating reason, and to dismiss any camper whose influence is not good for our organization.
- The parent also gives permission for his/her child to participate in all camp activities, including field trips, as well as being photographed for the yearbook and website (names excluded) unless otherwise noted below.



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Blue Mountain Ranch Permission to Treat Form

I hereby give permission to the medical personnel selected by the Camp Director to provide routine medical care; to administer medications; to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my son/daughter_____.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Director to secure and administer treatment, including hospitalization, for the person named above. This completed form may be photocopied for the trips out of camp.

I hereby give permission for Blue Mountain Ranch to administer the following over-the-counter medication if the nurse deems it necessary. Dosages will be administered according to the directions on the bottle unless a physician directs otherwise.

Symptom	Over-the-Counter Medicine
Headache	Tylenol, Advil
Upset Stomach	Pepto Bismol or TUMS
Diarrhea	Imodium AD
Menstrual Cramps	Ibuprophen, Midol
Stinging Nettle	Calamine Lotion or Cortaid
Allergies	Antihistamines (Benadryl/Zyrtec)
Chapped Lips	Vaseline
Dry Skin	Lotion
Prevention of sunburn	Sunscreen
Prevention of insect bites	Insect repellent

Other medication: _____

In 2018, the state of Colorado issued new rules for summer camps:

- 1. Camper physicals and health forms are due 10 days prior to the arrival at camp.**
- 2. Medication prescribed for campers must be from a licensed pharmacy;** labeled with name, address and phone number of pharmacy; name of the camper; name and strength of the medication; directions for use; date filled; prescription number; and the name of the prescriber. All medications must be in their original containers.
- 3. Home remedies, including homeopathic medications** must not be administered at camp without parental consent, authorization of the prescribing practitioner and delegation as required. This includes vitamins, so you will need a note from the camper's doctor with any of those or any non-prescription remedies.

Signed by parent/guardian _____

Date: _____



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Camper Travel Information

Please also see *Travel Guidelines and Policies for Arrival by plane and car.*

Name of Camper: _____

Arrival/Departure by Plane

Arrival at Colorado Springs (COS)	Departure from Colorado Springs (COS)
Date:	Date:
Arrival time:	Departure time:
Airline:	Airline:
Flight Number:	Flight Number:

****If arriving in Denver (DIA), a fee of \$100/camper will be charged for transportation and supervision****

Arrival/Departure by Car

If arriving by car, the approximate time of arrival should be between 10:00 a.m. and 2:00 p.m. We will call the parents of any child who has not arrived by 3:00 p.m.

Arrival	Departure
Date:	Date:
Arrival time:	Departure time:
Person bringing camper:	Person picking up camper:
Cell of person bringing camper:	Cell of person picking up camper:

Name, phone, and address of person(s) **authorized** to pick up your child from camp?

List any persons **NOT allowed** to pick up your child from camp?

Name, phone, and address of emergency contacts:

1. _____
2. _____



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Blue Mountain Ranch, Inc. Liability Waiver/Release Form

In consideration for being allowed to participate in or assist with Blue Mountain Ranch Camp, Inc., and on behalf of myself, my child, my children, my successors, heirs, representatives, executive and/or assigns (collectively referred to as "releasing parties"), I release and forever discharge Blue Mountain Ranch, Inc., and the Graf family and their representative owners, directors, agents, and employees (collectively "the released parties") from any and all liability, claims, liens, actions or causes of action of any nature whatsoever arising out of any damage, loss or injury (including death) to the releasing parties and/or their property while participating in Blue Mountain Ranch summer/winter camp programs, or any other activity which may be contemplated and conducted at such camps on such dates regardless of the cause of such loss, injury (including death) or damage.

I know the risks and dangers inherent in participating in the Blue Mountain Ranch program. My child or children voluntarily assume all risks of injury to his/her/their person (including death) and his/her/their property that may be sustained by participating in the Blue Mountain Ranch program.

I hereby acknowledge that I have carefully read this Liability Waiver/Release Form, as well as the entire content of any included information packet, and fully understand its content. Further, I give my consent for my child/children to participate in any activity offered by the camp unless otherwise noted here: _____.

This includes, but is not limited to swimming, canoeing, rappelling, ropes course, overnight camping, non-contact sports, tubing, the Alpine Slide in Breckenridge, Colorado or any other field trips outside of camp.

I understand that Blue Mountain Ranch Camp, Inc. does NOT provide health insurance for my child/children to participate in the camp and that I am responsible for all medical expenses related to participation in camp.

My child(ren) will have medical insurance provided by _____
Name of Insurance Company

On the following dates of camp: _____

Parent/Guardian Name (please print) _____

Signature of Parent/Guardian _____

Date: _____

Please attach a copy of your insurance card to this form.



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Blue Mountain Ranch Policies

Below are some policies to help make your child's camp experience an enjoyable one. We have worked hard to make Blue Mountain Ranch a special place. Please read over these rules with your child and sign them together. **Return with your camp application and other forms.**

1. We do not allow smoking, drinking, use of profanity or rude gestures or bullying. We understand there is discipline for infractions-including expulsion for drugs, alcohol or unacceptable behavior.
2. Boys are not to enter the girls' side of camp and girls are not to enter the boys' side of camp.
3. Times of operation for the camp office (Graf's house) are after 9:00 a.m. and before 9:00 p.m. The camp office is not open during rest period. Always use the office door and be sure to knock first.
4. Phone calls home may only be made on your trips to town. Cell phones will be turned into the office on the first day of camp where we will keep them in a locked drawer of our file cabinet. NO electronic games.
5. Please respect your campmates' belongings and never take anything that does not belong to you.
6. You must wear long pants and long sleeves to all evening activities.
7. Stay within the boundaries of the main road unless accompanied by a counselor. The lake, corral, and ropes course must have a counselor present to be open for campers. Do not go to an activity area without a counselor.
8. Listen to and respect all camp staff members.
9. Always wear camp appropriate clothing.
10. When on an out of camp trip, campers will always conduct themselves in a manner appropriate to the activity. Cabin groups will stay together with counselor(s). Meeting places will be established in case of separation from the group and each camper will have a designated "buddy". Vehicle rules will be followed in all instances.
11. Basic safety rules of camp include: wear clean socks, as well as proper footwear for hiking and sports; wear boots or shoes with heels, as well as long pants for horseback riding; do not walk away from the activity or cabin group; learn and respect rules of each activity area; watch for delivery vehicles on roads; listen for bells or sirens that might indicate fire or danger; do not run downhill or on gravel roads.
12. We understand that Blue Mountain Ranch cannot be responsible for personal sports equipment or other expensive items brought to camp, that staff vehicles are to be parked and campers are not to ride in them, that no pets are allowed, and no weapons are allowed at camp.
13. **We have read the 2021 Camper Handbook located on the website under Camp 2021 and will abide by any policies listed inside.**

Child 1 Printed Name: _____ Child's Signature: _____
Child 2 Printed Name: _____ Child's Signature: _____
Child 3 Printed Name: _____ Child's Signature: _____
Child 3 Printed Name: _____ Child's Signature: _____
Parent's Printed Name: _____ Parent's Signature: _____



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Child Custody Agreements

All shared information will be kept confidential.

In the event there is a custodial agreement, please supply the following information:

Camper(s) name(s): _____

Legal guardian (Custodial parent): _____

Other parent's name, address, and phone number:

May we contact the non-custodial parent? _____

Is the non-custodial parent allowed to visit the child at camp? _____

Is the non-custodial parent allowed to take the child from camp? _____

Please use the below space for further instructions, if necessary. Please attach any pertinent court order or documents, if applicable.



Mail this form to the address below by May 1st

Blue Mountain Ranch
P.O. Box 146
Florissant, CO 80816

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp: _____
Month/Day/Year

Parent(s)/Guardian(s): Please follow the instructions below. Attach additional information if needed.

- 1) To Complete pages 1, 2 and 3 of this form (FORM 1) and make a copy.
2) Send the original, signed FORM 1 to camp by the requested date.
3) Complete the top of FORM 2 (CAMPER HEALTH-CARE RECOMMENDATIONS) and provide the copy of FORM 1 with FORM 2 to your child's health-care provider for review and completion.
4) After it has been completed and signed by your child's health-care provider, return FORM 2 to camp by the requested date.

Camper Home Address: _____
Street Address City State Zip Code

Parent/guardian with legal custody to be contacted in case of illness or injury:

Name: _____ Relationship to Camper: _____ Preferred Phones: () ()
Email: _____

Home Address: _____
(if different from above) Street Address City State Zip Code

Second parent/guardian or other emergency contact:

Name: _____ Relationship to Camper: _____ Preferred Phones: () ()
Email: _____

Additional contact in event parent(s)/guardian(s) can not be reached:

Name: _____ Relationship to Camper: _____ Preferred Phones: () ()

Allergies: No known allergies. This camper is allergic to: Food Medicine The environment (insect stings, hay fever, etc.) Other
(Please describe below what the camper is allergic to and the reaction seen.)

Diet, Nutrition: This camper eats a regular diet. This camper eats a regular vegetarian diet. This camper is lactose intolerant. This camper is gluten intolerant.
Other, please explain in space.

Restrictions: I have reviewed the program and activities of the camp and feel the camper can participate without restrictions.
I have reviewed the program and activities of the camp and feel the camper can participate with the following restrictions or adaptations.
(Please describe below.)

Medical Insurance Information:

This camper is covered by family medical/hospital insurance Yes No

Include a copy of your insurance card if appropriate; copy both sides of the card so information is readable.

Insurance Company _____ Policy Number _____

Subscriber _____ Insurance Company Phone Number () _____

Parent/Guardian Authorization for Health Care:

This health history is correct and accurately reflects the health status of the camper to whom it pertains. The person described has permission to participate in all camp activities except as noted by me and/or an examining physician. I give permission to the physician selected by the camp to order x-rays, routine tests, and treatment related to the health of my child for both routine health care and in emergency situations. If I cannot be reached in an emergency, I give my permission to the physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for this child. I understand the information on this form will be shared on a "need to know" basis with camp staff. I give permission to photocopy this form. In addition, the camp has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

Signature of Custodial Parent/Guardian _____ Date: _____ Relationship to Camper: _____

If for religious or other reasons you cannot sign this, contact the camp for a legal waiver which must be signed for attendance.

Camper Name _____ First _____ Middle _____ Last _____ (For Camp Use) Cabin or Group _____ (For Camp Use) Session Code(s): _____

CAMPER HEALTH HISTORY FORM 1

Developed and reviewed by: American Camp Association, American Academy of Pediatrics Council on School Health, & Association of Camp Nurses

Camper Name: _____
First Middle Last

Birth Date: _____
Month/Day/Year

General Health History: Check "Yes" or "No" for each statement. Explain "Yes" answers below.

Has/does the camper:

- | | | | |
|--|--|---|--|
| 1. Ever been hospitalized? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 11. Had fainting or dizziness? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever had surgery? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 12. Passed out/had chest pain during exercise? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Have recurrent/chronic illnesses? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 13. Had mononucleosis ("mono") during the past 12 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a recent infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 14. If female, have problems with periods/menstruation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Had a recent injury? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 15. Have problems with falling asleep/sleepwalking? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. Had asthma/wheezing/shortness of breath? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 16. Ever had back/joint problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 7. Have diabetes? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Have a history of bedwetting? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 8. Had seizures? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 18. Have problems with diarrhea/constipation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 9. Had headaches? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Have any skin problems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 10. Wear glasses, contacts, or protective eyewear? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 20. Traveled outside the country in the past 9 months? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please explain "Yes" answers in the space below, noting the number of the questions. For travel outside the country, please name countries visited and dates of travel.

Mental, Emotional, and Social Health: Check "Yes" or "No" for each statement.

Has the camper:

- | | |
|--|--|
| 1. Ever been treated for attention deficit disorder (ADD) or attention deficit/hyperactivity disorder (AD/HD)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been treated for emotional or behavioral difficulties or an eating disorder? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. During the past 12 months, seen a professional to address mental/emotional health concerns? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Had a significant life event that continues to affect the camper's life? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- (History of abuse, death of a loved one, family change, adoption, foster care, new sibling, survived a disaster, others)

Please explain "Yes" answers in the space below, noting the number of the questions. The camp may contact you for additional information.

Health-Care Providers:

Name of camper's primary doctor(s): _____

Phone: (____) _____

Name of dentist(s): _____

Phone: (____) _____

Name of orthodontist(s): _____

Phone: (____) _____

What Have We Forgotten to Ask? Please provide in the space below any additional information about the camper's health that you think important or that may affect the camper's ability to fully participate in the camp program. **Attach additional information if needed.**

Parents/Guardians: STOP here. The rest of this form is completed when the camper arrives at camp. Keep a copy for your records.

Recommendations for Licensed Medical Personnel
FORM 2

Developed and reviewed by: American Camp Association,
American Academy of Pediatrics Council on School Health, &
Association of Camp Nurses

american **CAMP** association®

Mail this form to the address below by May 1st

Blue Mountain Ranch
P.O. Box 146
Florissant, CO 80816

To Parent(s)/Guardian(s): Complete this section and give this form (FORM 2) and a copy of your completed CAMPER HEALTH HISTORY FORM (FORM 1) to your child's health-care provider for review.

Dates will attend camp: from _____ to _____
Month/Day/Year Month/Day/Year

Camper Name: _____
First Middle Last

Male Female Birth Date _____ Age on arrival at camp _____
Month/Day/Year

Camper home address: _____

City _____ State _____ Zip Code _____

Custodial parent(s)/guardian(s) phone: (____) (____)

Parent(s)/guardian(s) stop here. Rest of form to be completed by medical personnel.

Camper Name
First

CONVENIENT PHYSICALS AVAILABLE AT:



Proud Partner of American Camp Association

The following non-prescription medications are commonly stocked in camp Health Centers and are used on an as needed basis to manage illness and injury. **Medical personnel: Cross out those items the camper should not be given.**

- | | |
|----------------------------------|--|
| Acetaminophen (Tylenol) | Lice shampoo or scabies cream (Nix or Elimite) |
| Ibuprofen (Advil, Motrin) | Calamine lotion |
| Phenylephrine (Sudafed PE) | Bismuth subsalicylate (Pepto-Bismol) |
| Pseudoephedrine (Sudafed) | Laxatives for constipation (Ex-Lax) |
| Chlorpheniramine maleate | Hydrocortisone 1% cream |
| Guaifenesin | Topical antibiotic cream |
| Dextromethorphan | Calamine lotion |
| Diphenhydramine (Benadryl) | Aloe |
| Generic cough drops | |
| Chloraseptic (Sore throat spray) | |

Medical Personnel: Please review the CAMPER HEALTH HISTORY FORM (FORM 1) and complete all remaining sections of this form (FORM 2). Attach additional information if needed.

Physical exam done today: Yes No (If "No," date of last physical: _____)
Month/Day/Year

ACA accreditation standards specify physical exam within the last 12 months.

Weight: _____ lbs Height: _____ ft _____ in Blood Pressure _____ / _____

- Allergies: No Known Allergies
- To foods (*list*):
 - To medications: (*list*):
 - To the environment (*insect stings, hay fever, etc.— list*):
 - Other allergies: (*list*):

Describe previous reactions:

Middle

Last

Diet, Nutrition: Eats a regular diet. Has a medically prescribed meal plan or dietary restrictions: (describe below)

The camper is undergoing treatment at this time for the following conditions: (describe below) None.

Medication: No daily medications. Will take the following prescribed medication(s) while at camp: (name, dose, frequency—describe below)

Other treatments/therapies to be continued at camp: (describe below) None needed.

Do you feel that the camper will require limitations or restrictions to activity while at camp? No Yes

If you answered "Yes" to the question above, what do you recommend? (describe below—attach additional information if needed)

"I have reviewed the CAMPER HEALTH HISTORY FORM (FORM 1), and have discussed the camp program with the camper's parent(s)/guardian(s). It is my opinion that the camper is physically and emotionally fit to participate in an active camp program (except as noted above.)

Name of licensed provider (please print): _____ Signature: _____ Title: _____

Office Address _____
Street City State Zip Code

Telephone: (____) _____ Date: _____

(For Camp Use) Cabin or Group _____

(For Camp Use) Session Code(s): _____

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO

Department of Public Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name:

Date of birth:

Parent/guardian:

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Hep B Hepatitis B								
DTaP Diphtheria, Tetanus, Pertussis (pediatric)								
Tdap Tetanus, Diphtheria, Pertussis								
Td Tetanus, Diphtheria								
Hib <i>Haemophilus influenzae</i> type b								
IPV/OPV Polio								
PCV Pneumococcal Conjugate								
MMR Measles, Mumps, Rubella								
Measles								
Mumps								
Rubella								
Varicella Chickenpox								

Varicella - date of disease	Varicella - positive screen date
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*A positive laboratory titer report must be provided to the school to document immunity.

Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus								
Rota Rotavirus								
MCV4/MPSV4 Meningococcal								
Men B Meningococcal								
Hep A Hepatitis A								
Flu Influenza								
Other								

Health care provider signature or stamp:

Date:

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp:

Date:

(Optional) I authorize my/my student's school to share my/my student's immunization records with state/local public health agencies and the Colorado Immunization Information System, the state's secure, confidential immunization registry.

Parent/Guardian/Student (emancipated or over 18 yrs old) signature: _____ Date: _____