

2010 Glacier View Ranch Friendship Camp Application

Complete one application (front & back) per camper. Then, mail a non-refundable payment of \$60 with this application to:

Glacier View Ranch Summer Camp
8748 Overland Rd.
Ward, CO 80481



Camper's Name: _____
(Last) (First) (M.I.)

D.O.B.: ____ / ____ / ____ Age at Camp: _____ Male Female

To qualify for subsidy, you must be a current full or part time employee of one of the following locations. Only children of employees are eligible.

- Centura Health Locations:** Porter Place Health at Home
 Porter Hospital Littleton Hospital Avista Hospital Parker Hospital

Camp

Please check the camp(s) you would like to attend.

- Friendship I**
June 6 - June 13
Ages 9 - 13
- Friendship II**
June 13 - June 20
Ages 13 - 17
- Friendship Cub Camp**
June 20 - June 27
Ages 7 - 10
(9 & 10 year olds can choose to attend Cub Camp or Friendship I)

Activities

For each week in attendance, select 6 activities. Rank them in order of preference; #1 being your first choice. You will be assigned 4 periods (some activities require 2 periods). Due to activity size restrictions, we can not guarantee your selections. Activities are assigned on a first come, first served basis; so register early! Selection of activities is not required for Cub Camp. Cub Campers rotate through a variety of activities appropriate for their age group. Friendship II Outposts can be physically strenuous.

- Friendship I**
- Archery
 - Arts & Crafts*
 - Basketball
 - Canoeing
 - Christian Drama
 - High Ropes Course¹⁺
 - Horse Trail Rides^{1*}
 - Mountain Biking¹
 - Mountain Boards, BMX¹
 - Nature Discovery
 - Photography
 - Go Karts
 - Rock Climbing¹
 - Soccer / Team Sports
 - Swimming
 - Volleyball
- Friendship II**
- Survival Outpost⁺
 - Golf Outpost
 - Horse Pack Outpost*
 - Mountain Biking Outpost⁺
 - Jeeping Outpost*
 - Rock Climbing Outpost⁺
 - Team Sports Outpost
 - Water Skiing Outpost**
 - White Water Kayaking Outpost**

*Extra Activity Fee (\$10)
+Strenuous Activity
¹Must be 10 years old to participate

Payment

Fees

Friendship Cub Camp, Friendship I & II	\$330
Basic Fee	\$ +
Activity Extra Charge (\$10)	\$ +
Camp Photo(\$5)	\$ +
Camp DVD(\$15)	\$ +
Camp Store	\$ =
Total Fees	\$

Discounts

Centura Health Discount\$270 / week

Total Discounts..... \$

Employee Discount Code

Non employee friends and family members are welcome to come to any Friendship Camp, however they are not eligible for the Centura discount.

Campership Program

If you would like to make a contribution to Glacier View's campership fund, please indicate below.

___ \$5 ___ \$10 ___ \$25 ___ \$50

Other Amount \$ _____

Amount Due

Total Fees	Total Discounts	Contribution	
\$ <input type="text"/>	- \$ <input type="text"/>	+ \$ <input type="text"/>	=

Amount Due

\$

Method of Payment

The \$60 full payment should be sent with this application.

Payment Amount: \$ _____

Check Payable To:
"Glacier View Ranch"

For ease of processing please include a separate check for each camper. Note: a \$25.00 processing fee will be applied to all returned checks.

Visa _____

Master Card _____

Card # _____

Exp. Date ____ / ____

Print Camper's Name: _____ Camp Attending: _____

Guardian & Emergency Contact Information

In the following section, please list the guardian's name and contact information as well as an **additional** emergency contact. In case of sickness, injury, any medical emergency, or questions concerning health, the legal guardian will be contacted. The additional contact will be notified if the guardian cannot be contacted. **NOTE: AS PER COLORADO STATE LAW 7.711.61 ALL CONTACTS MUST BE CURRENT & COMPLETE**

Legal Guardian(s) _____ Home Phone # () _____

Address _____ Cell Phone # () _____

City _____ State _____ Zip Code _____ Email _____

Employer _____ Work Phone # () _____

Employer Address _____ City _____ State _____ Zip Code _____

Secondary Contact (cannot have same address) _____ Relation to Camper _____

Address _____ City _____ State _____ Zip Code _____

Home Phone # () _____ Cell/Work Phone # () _____

Joint Custody Contact _____

Home Phone # () _____ Cell/Work Phone # () _____ Name _____

Do Not Let Pick Up

Pick up

Your camper's safety is important to us. For this reason, we will not release a camper to anyone other than their legal guardian or individuals specified below.

Name _____ Name _____

Phone # () _____ Phone # () _____

I am the only approved pick up (initial here) _____

Note: Everyone must present a photo ID to remove a camper!!

Pick up time: 9:00a.m. - 11:00a.m. Registration: 1:00p.m. - 3:30p.m.

Special Needs/Food Allergies

If you have any special needs please list them below.

Cabin Mates

When requesting cabin mates, be sure both campers indicate each other on their applications.

Medical History

- | | |
|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Bed-Wetting | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Sore Throats |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Fainting | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Other _____ |

Explain: _____

Camper's Health Record and Medical Information

Glacier View Ranch is required by the American Camping Association and Colorado law 7.711.51 Sections B & C, to obtain the following health information before accepting a camper. **A signed physical from your physician completed within the last 2 years, immunization record, health history are required by check-in.**

Camper's Physician _____

Phone # () _____ Fax # () _____

Is the Camper exempt from immunizations for medical or religious reason?
 ___ No ___ Yes

Does the Camper have any medical or activity restrictions?
 ___ No ___ Yes (If yes, please explain)

Explanation: _____

Enter date of camper's last tetanus shot _____

Insurance Carrier's Name _____ Group # _____

Member # _____ Phone # () _____

Allergies

- Animals
- Drugs
- Foods
- Insects
- Plants
- Other: _____

Explain: _____

Medications

Is the camper currently taking any medications? No Yes

Explain:
 Drug Name: _____

Dosage: _____

Times: _____

All Medications must be in a labeled container and must be accompanied by a doctor's written order.

Medical and Liability Release

I am in favor of the aforementioned camper attending camp and participating in all activities unless otherwise specified. I understand activities such as rock climbing, rappelling, water-skiing, and horseback riding are high risk activities. As legal guardian, I accept the conditions stated, including the release of the Rocky Mountain Conference and Glacier View Ranch management from liability in case of accident or illness. I support, and the applicant agrees to abide by, all camp regulations and policies. We understand campers may be photographed and release all rights for publication and advertising. In case of emergency, I give permission to the physician selected by the camp to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. The information on this application is accurate and true to the best of my knowledge.

Signature: _____ Date: _____