

2010 Glacier View Ranch & Wyoming Camp Application

Complete one application (front & back) per camper. Then, mail a non-refundable deposit of \$50 per week per application to:

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



Payment

Basic Fees

Cub Camp \$260 Teen Camp \$310
Junior Camp \$280 Wyoming \$195

Basic Fee	\$	+
Activity Extra Charge (\$10) .	\$	+
Camp Photo(\$5)	\$	+
Camp DVD(\$15)	\$	+
Camp Store	\$	=
Total Fees	\$	

Discounts

Please circle discounts you are eligible for. For information about discounts call (303) 459 - 0945.

Rocky Mountain SDA Member.....\$35 / week
Early Bird (Before May 1)\$10
(EARLY BIRD APPLIES IF PAID IN FULL BY MAY 1)
Family Discount\$10 / week
To claim the family discount, please print the name of the brother or sister attending Glacier View Ranch.

Brother's or Sister's Name _____

Brother's or Sister's Name _____

Total Discounts..... \$

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

A \$50 non-refundable deposit or full payment should be sent with this application. The deposit will be applied to the amount due. Any remaining balance will be due at registration.

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 ____/____/____

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

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

Is the camper a Seventh-day Adventist? Yes No
Church: _____
Conference: _____
Would the camper be interested in being baptized at camp? Yes No Possibly

Camp

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

Junior 1 Camp
June 6 - June 13
Ages 10 - 13

Teen Camp
June 13 - June 20
Ages 13 - 17

Cub 1 Camp
June 20 - June 27
Ages 7 - 10

Wyoming Camp
June 27 - July 4
Ages 7 - 13

Junior 2 (Tween) Camp
July 4 - July 11
Ages 10 - 13

Cub 2 Camp
July 11 - July 18
Ages 7 - 10

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. Teen Camp Outposts can be physically strenuous.

Junior 1	Junior 2	Teen	Wyoming	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Archery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arts & Crafts*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basketball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canoeing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Christian Drama
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High Ropes Course ¹⁺
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse Trail Rides ^{1*}
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking ¹⁺
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Boards, BMX ¹
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nature Discovery
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photography
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Go Karts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rock Climbing ¹
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer / Team Sports
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Swimming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Volleyball
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Survival Outpost ⁺
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Golf Outpost
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horse Pack Outpost*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mountain Biking Outpost ⁺
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jeeping Outpost*
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rock Climbing Outpost ⁺
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Team Sports Outpost
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Skiing Outpost ^{**}
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	White Water Kayaking Outpost ^{**}

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

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 _____		Do Not Let Pick Up	
Home Phone # () _____		Cell/Work Phone # () _____	
		Name _____	

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.

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.

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.

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: _____

Allergies

- | |
|---------------------------------------|
| <input type="checkbox"/> Animals |
| <input type="checkbox"/> Drugs |
| <input type="checkbox"/> Foods |
| <input type="checkbox"/> Insects |
| <input type="checkbox"/> Plants |
| <input type="checkbox"/> 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.

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 # () _____

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: _____