



P0 Box 146
Florissant, CO 80816
Phone: 719-748-3279

BlueMountainRanch.com
E-mail: carnpluemt@aol.com
Fax: 719-748-3472

APPLICATION FOR ENROLLMENT

FOR GIRLS / FOR BOYS

PLEASE ATTACH A RECENT SNAPSHOT OR SMALL PHOTO OF APPLICANT
READ AND SIGN BOTH SIDES

Camper _____ Cell Phone Numbers _____
(please print full name – nickname in parenthesis)

Mr. and Mrs. (parent or guardian) _____
(please print)

Address _____ Phone _____
home address street number, town, state and zip area code first

Age _____ Date of Birth _____ 19 - _____ Height _____ Weight _____

School now attending _____

School Grade _____ Can he/she Swim? _____ Can he/she ride horseback? _____

What musical instrument can he/she play? _____

Name 3 activities you would like your child to take at camp: 1) _____

2) _____ 3) _____

What are his/her hobbies or special interests? _____

Physical infirmities or special habits? _____

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

Religion _____ This will be his/her _____ summer at Blue Mountain Ranch

Parents occupation, business or profession _____ Bus. Phone _____

Name of firm connection _____

Are parents divorced? _____ Either deceased? _____

Who is custodial parent? _____

Is other parent allowed to visit or take child from camp? _____ Please attach other instructions.

Personal reference _____
a person known or served by camp

School reference _____

- Check one: 1st term Sat June 12 - Sun June 27 \$2000
- 2nd term Tues June 29 - Fri July 23 \$2750
- 3rd term Sun July 25 - Mon Aug 9 \$2000
- Combination of two sessions \$4200

Please find enclosed deposit check of \$200.00 for EACH TERM attending to be credited to camp fee. I agree to pay balance of fee on or before May 1, next. I have read and agree to terms as stated on the reverse side of this application.

Signature of parent or guardian _____

Date Enrolled _____ Enrolled by _____



Where did you first learn about Blue Mountain Ranch? _____

Names and ages of other children in the family _____

Names and addresses of friends you would like to recommend for camp:

1 _____

2 _____

3 _____

4 _____

5 _____

The camp is not responsible for campers while they are traveling to and from camp.

The camp is not responsible for loss of personal equipment by fire, theft, 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 medicine 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 campers 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 20 cents per mile - round trip to Colorado Springs 70 miles.

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, unless otherwise noted below.

Signature _____

E-mail address _____