



Family Camp

PARTICIPATION RELEASE FORM 2024

This form must be filled out annually in order to participate in Sky Ranch programs. Fill out one form for each **person** attending. Return with your balance due at least **3 WEEKS PRIOR TO THE ARRIVAL OF CAMP.**

Mail: Sky Ranch Lutheran Camp 805 S Shields St Fort Collins, CO 80521,

Email: registrar@skyranchcolorado.org, **Fax:** 970-493-7960.

If you have any questions filling out his form, please email us (info@SkyRanchColorado.org) or call our office (970-493-5258).

Participant Name _____ Date of Birth _____ Age _____

Gender _____ Preferred pronouns _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone: _____

Church _____

Family and Friends I am housing with: _____

LODGING PREFERENCE: *Our registration system assigns based on availability*

Tent site _____ RV site w/out electric _____ RV site with electric _____ Cabin _____ Lodge _____ (rank in preferred order, 1 as first choice)

Dietary restrictions: _____

Allergies: _____

Health restrictions: _____

EMERGENCY CONTACT INFORMATION (Must be different from Parent/Guardian)

Contact Name _____ Relationship _____

Address _____ City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

I hereby release Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp, its agents, members, and employees, from all liability for any accident, injury or claim arising from my use of any of its facilities or participation in any of its programs. I agree to be responsible for my own medications and health.

In the event I cannot consent, I give my permission to camp officials to provide any medical or surgical care. I understand that Lutheran Ranches of the Rockies dba Sky Ranch Lutheran Camp does not carry health/accident insurance on its participants and I will accept the expense of emergency medical or surgical treatment through personal insurance or personal resources.

Sky Ranch Lutheran Camp may use, for promotional purposes, any photographs & videos taken of myself.

I understand and agree to abide by any restrictions placed on my participation in camp activities. I agree to abide by all policies regarding personal conduct. If I do not cooperate, or become a hindrance to the camp program, I understand I will be asked to leave.

X _____
(Signature of Parent/Guardian if camper is 18 and under)

(Date)

X _____
(Signature of Participant)

(Date)

Campwise _____
Google Doc _____

Last: _____

First: _____

Week: _____

Program: _____

Church: _____

