



PARTICIPANT RELEASE FORM

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Campwise

This form must be filled out *annually* in order to participate in Sky Ranch programs. Fill out one form for each camper 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 this form, please email us (info@SkyRanchColorado.org) or call our office (970-493-5258).

Participant Name _____ Date of Birth _____ Age _____
Gender _____ Preferred pronouns _____ Grade Completed _____
Address _____ City _____ State _____ Zip _____
Church _____

PARENT/GUARDIAN INFORMATION

Guardian Name(s) _____
Email(s) _____
Address _____ City _____ State _____ Zip Code _____
Home Phone (____) _____ Alt. Phone (____) _____
Employer _____ Address _____
Work Email _____ Work Phone (____) _____

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

Contact Name _____ Relationship _____
Address _____ City _____ State _____ Zip Code _____
Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

AUTHORIZED PERSON FOR PICKUP (If different from the above Parent/Guardian)

If traveling with a group, please write your youth's adult sponsors name

Contact Name _____ Relationship _____
Address _____ City _____ State _____ Zip Code _____
Phone _____

UNAUTHORIZED PERSON FOR PICKUP? (Please contact SR office beforehand as well as listing the individual below):

Last :
First :
Week :
Program :
Church :





Dietary Needs:
 Vegetarian ____
 Vegan ____
 Lactose Free ____
 Gluten Free ____
 Nut Free ____
 Other: _____

Allergies:
 No Known Allergies ____
 Insects ____
 Foods ____
 Medications __
 Other _____

Chronic Concerns:
 Diabetes ____
 Heart Disease ____
 Asthma ____
 High Blood Pressure ____
 Other _____

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 the participant named above's use of any of its facilities or participation in any of its programs.

In case of an emergency, I understand every effort will be made to contact me and the authorized persons named above. I understand our congregational contact will handle the primary medical response.

In the event we cannot be reached, I give my permission to camp officials to provide for the participant named above any medical care and seek additional emergency 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.

I give permission for the participant named above to go on Sky Ranch Lutheran Camp staff-supervised trips away from camp premises, on foot or by vehicle

I give permission for the camper named above to participate in all appropriate elements of the High & Low Ropes challenge course. I understand that campers who have completed grade six and older can participate in high-challenge elements, but that low-challenge activities are available with age-appropriate activities for all ages.

Sky Ranch Lutheran Camp may use, for promotional purposes, any photographs & videos taken of the participant named above.

Yes / No

I give my permission for the camper named above to participate in all camp activities with the following exceptions:

X _____ (Date)
 _____ (Signature of Parent/Guardian)

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 sent home.

X _____ (Date)
 _____ (Signature of Camper)

