

# 2022 Camp Rocky Camper Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Camper Email: \_\_\_\_\_

Date of Birth \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

School Name: \_\_\_\_\_ School Location: \_\_\_\_\_

## Parents/Legal Guardian Info:

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

## To be completed by Camper:

1. In what groups, organizations or activities have you or do you participate? Identify any leadership positions held.

2. What do you consider your greatest accomplishment to date?

3. Explain why you are interested in attending Camp Rocky and what do you hope to gain from this experience?

4. Describe a natural resource issue that is important to you.

5. If you have previously attended Camp Rocky, which resource area did you participate in?

Rangeland Science \_\_\_\_\_ Forest Management \_\_\_\_\_

Soil & Water Conservation \_\_\_\_\_ Fish/Wildlife Management \_\_\_\_\_

## 2022 Natural Resource Group Preferences:

Please indicate your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> preferences. We will try to assign campers their first choice, based on application date, previous participation, and availability of discipline area.

1<sup>st</sup>: \_\_\_\_\_

2<sup>nd</sup>: \_\_\_\_\_

3<sup>rd</sup>: \_\_\_\_\_

## Parents/Legal Guardians:

Please share with us any concerns/questions you may have for your child attending camp that would help us make their experience more enjoyable.

We encourage all campers to contact your local Conservation District for potential scholarships. Please provide your local District's information below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

District Manager/Contact: \_\_\_\_\_

Camper signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information:**

A \$100 deposit is required unless a full scholarship has been confirmed. To pay via debit or credit card, please contact [camprocky@coloradoacd.org](mailto:camprocky@coloradoacd.org) and a link will be sent to you. Full camp registration for those not pursuing a scholarship is \$350. \$100 deposit required at time of registration; balance due 6/1/2022

**Checks payable to:**  
**Colorado Association of Conservation Districts:**

**CACD, P. O. Box 1175, Lamar, CO 81052**

**Please email any questions to:**  
[camprocky@coloradoacd.org](mailto:camprocky@coloradoacd.org)

**Camp Rocky Colorado**

Located at: Rocky Mountain Mennonite Camp  
709 County Rd. 62 RMMC: 719-687-9506  
Divide, Colorado 80814 CACD: 719-686-0020

**2022 CAMPER INFORMATION FORM**

The Camp Rocky Staff has a sincere concern for the health and well-being of each child enrolled. Every precaution is taken to ensure each camper's health and safety. The information and authorization required below will help to provide prompt notification and proper care in case of emergency.

**Camper:**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address: \_\_\_\_\_ City, \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Camper Phone: \_\_\_\_\_ Camper Email: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Grade Fall 2022: \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Relationship to Camper: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Other Emergency Contact:** Name \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Camper \_\_\_\_\_

**Camper's Primary Care Provider (Physician/PA etc.):**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Transportation:** Person authorized to transport camper to/from camp if different from individuals above

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parental Authorizations:**

Emergency Treatment: In case of emergency, I understand that every effort will be made to contact one or more of the methods listed on this document. If it is not possible to locate any of these emergency contacts, I hereby give permission to camp officials to call a doctor or emergency medical service to assist and for said doctor or medical service to provide emergency medical or surgical for this child.

**Participation:** I hereby give permission for this child to participate in all camp activities, including outings and excursions where campers will be hiking or riding in a vehicle away from camp premises, with the following exceptions:

\_\_\_\_\_

**Pictures/Media:** Permission is hereby given for Camp Rocky and the Rocky Mountain Mennonite Camp to use any pictures in which my child appears for publicity purposes. A private cloud account may be used for photo sharing within our group.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CAMP ROCKY CODE OF CONDUCT 2022

Must be read & signed by student AND parent

The following are **Camp Rocky Rules**, which are simple, but firm. A lot will be spoken at camp about respect for the land and our natural resources. Central in these concepts is respect for one another, so consider your actions and words very carefully. Treat others and the land as you would want to be treated – with respect and consideration. These rules are for your safety and to protect everyone's right to have a good time this week.

## Rules to live by for your safety and for the continuity of the camp:

1. Students driving vehicles to camp will check in their keys with the staff upon arrival and not leave camp premises without parent or guardian consent.
2. If you become ill, injured, or have any other personal problems, inform your Junior Leader or other camp staff immediately.
3. **NO TYPE OF TOBACCO, ALCOHOL, MARIJUANA OR ILLEGAL DRUGS WILL BE TOLERATED**
4. No radios, cassette/CD/ DVD players, I-Pods, electronic devices etc. are allowed. Use this opportunity to enjoy yourself and friends in the incredibly peaceful and natural environment. (Please note there is no cell phone service at the location of the Camp. Parents will be provided with the landline number.)
5. Inform the camp nurse or doctor of any regularly scheduled medications to be taken. All medications, either prescription or over the counter, must be held and administered by the camp nurse or doctor.
6. Guys and gals are not permitted in the cabin areas of one another. *After the evening* activities and a few minutes at the snack bar, the main road becomes the "off limits" boundary. Anyone on the wrong side of the road after hours is in violation of this rule.
7. Everyone must be on time for all functions and activities. Campers are expected to attend every activity and every meal. A printed program with information on where and when activities begin will be given to you upon arrival at camp; keep it handy and use it to your advantage.
8. **NO FIREWORKS ALLOWED**
9. Be aware that food in the cabin is an open invitation to wildlife and could cause a dangerous situation for you, your cabin mates, and the wildlife (namely bears). Be sure to store your snacks in an approved location with camp staff. You will have access to your snacks throughout the day.
10. No two-way radios (walkie-talkies) unless assigned by staff.
11. Phone Service is limited at camp. Cell phones do not have service and there is only one phone line for the entire camp. Therefore, campers will be limited to one phone call throughout the week unless prior arrangements have been made with the camp director.
12. Knives and weapons, including pocketknives, are prohibited.

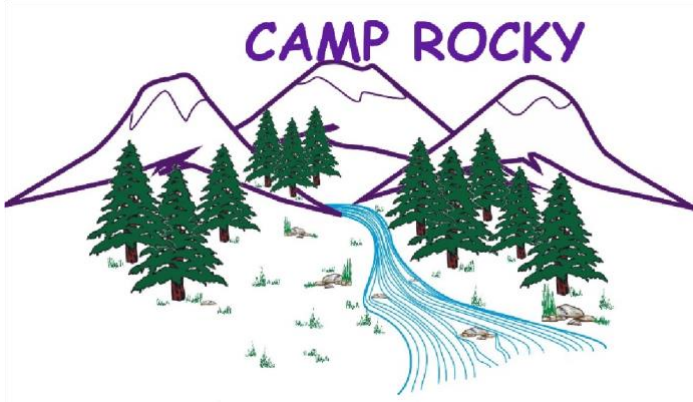
***Violations to the above rules will result in consequences to the camper and will be dealt with by adult staff immediately.***

The severity of the offense will dictate the severity of the consequences. Law enforcement may be called, and illegal behaviors may result in citations or arrest. Consequences may include removal, at the camper's expense and without refund, from participation in the event, or restitution or repayment of damages. Our goal is to provide a camp environment that is both enjoyable and educational. The staff will work diligently to ensure you have an adventure that is fascinating, fun, and as safe as possible. We ask only your cooperation in achieving this goal.

**Camper Name:** \_\_\_\_\_

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **2022 RELEASE OF LIABILITY**

**THIS IS A RELEASE OF LIABILITY. BY SIGNING BELOW, I AM AGREEING TO RELEASE CAMP ROCKY STAFF AND VOLUNTEERS, COLORADO ASSOCIATION OF CONSERVATION DISTRICTS DIRECTORS, STAFF AND MEMBERS, COLORADO STATE UNIVERSITY DIRECTORS, STAFF AND VOLUNTEERS, ROCKY MOUNTAIN MENNONITE CAMP STAFF AND DIRECTORS, ALL PARTICIPATING CONSERVATION PARTNERS AND ALL SPONSORS AND SCHOLARSHIP PROVIDERS FROM LIABILITY.**

**I HAVE THEREFORE BEEN ADVISED TO READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT.**

**Introduction:** I understand and acknowledge that participation in Camp Rocky is a privilege. In consideration of this privilege, I hereby enter into this Release of Liability (the "Release"). I understand that the Release applies to all activities associated with my participation in the Camp Rocky program.

**Assumption of Risk and Acknowledgement of Understanding:** I understand that during my camp session, I may participate in several activities including, but not limited to, archery, water activities, hiking, outdoor living skills, ropes courses, rock climbing, management of livestock (specifically llamas) and other strenuous activities requiring physical exertion. All of these activities may require me to assist and depend on the assistance of other participants in my assigned group. Although not desiring to discourage me from participating, Camp Rocky intends to make me aware that participation in these Camp activities exposes me to certain risks, including, by way of example, the risk of personal injury, and exposure to adverse weather conditions in mountainous areas. By signing this Release, I expressly assume these risks, whether such risks are known or unknown to me.

**Release and Indemnification:** In consideration for the privilege of participating in Camp Rocky, I hereby release and hold harmless CAMP ROCKY STAFF AND VOLUNTEERS, COLORADO ASSOCIATION OF CONSERVATION DISTRICTS, DIRECTORS, STAFF AND MEMBERS, COLORADO STATE UNIVERSITY DIRECTORS, STAFF AND VOLUNTEERS, ROCKY MOUNTAIN MENNONITE CAMP STAFF AND DIRECTORS, ALL PARTICIPATING CONSERVATION PARTNERS AND ALL SPONSORS AND SCHOLARSHIP PROVIDERS (collectively, the "Released Parties"), from, and to discharge and waive, any and all claims, demands, losses, damages, and liabilities with respect to any and all property damage, personal injury, and/or loss of life, arising from my participation in Camp Rocky. The foregoing sentence shall apply (without limitation) to all claims, demands, losses, damages, and liabilities described therein, whether known or unknown, foreseen, or unforeseen, future or contingent, except claims, demands, losses, damages, and liabilities arising out of the sole and exclusive gross negligence or willful and wanton misconduct of one or more of the Released Parties. I covenant not to sue any of the Released Parties in connection with any of the claims, demands, losses, damages, and liabilities described above. The covenants and undertakings of this Release shall be binding upon me, my family, my heirs, next of kin, legal representatives, beneficiaries, successors, and assigns.

**Miscellaneous:** In the event that any provision of this Release is determined to be invalid for any reason, such invalidity shall not affect the validity of any of the other provisions, which other provisions shall remain in full force and effect as if this Release had been executed with the invalid provision eliminated. I understand and agree that this Release is intended to be as broad and inclusive as permitted under applicable law.

**I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY. I ATTEST THAT I AM OVER EIGHTEEN (18) YEARS OF AGE AND AM NOT A MINOR IN MY STATE OF RESIDENCE OR, IF I AM A MINOR IN SUCH STATE, THAT MY PARENTS OR LEGAL GUARDIAN HAVE ALSO SIGNED THIS FORM BELOW.**

Signature of Participant:

Signature of Parent or Legal Guardian if participant is under 18:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## Medication Administration

### Prescription and Over the Counter Medications

The parent/guardian of \_\_\_\_\_ (child's name) ask that camp staff give the following medication \_\_\_\_\_ (name of medicine and dosage) at \_\_\_\_\_ (time) to my child, according to the Health Care Provider's signed instructions on the Health Information form.

- The program agrees to administer medication prescribe by a licensed health care provider.
- It is the parent/guardian's responsibility to furnish this prescription medication.
- The parent agrees to pick up expired or unused medication within one week notification by staff.
- **Prescription medications** must come in the original container labeled with: child's name, name of medicine, time medicine to be given, dosage, and date medicine is to be stopped and Licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

**Over the Counter Medication:** May the following over the counter (OTC) medications be given to your child as needed while at camp?

Medication Name	Allowed?
Acetaminophen (Tylenol)	
Aloe Vera (sunburn)	
Antihistamine (Benadryl)	
Bacitracine ointment(antibiotic cream	
Carmex or Vaseline (chapped skin)	
Claritin (for sneezing, itching, watery eyes	
Ibuprofen (Advil)	
Maalox (for abdominal pain)	
Metamucil (for constipation)	
Milk of Magnesia (for constipation	
Mylanta (for abdominal pain)	
Saline solution (for eye irrigation)	
Sunscreen (Banana Boat SPF 50)	
Throat lozenges	
Tums (indigestion)	
Zantac 75 (for heartburn/indigestion	
Zyrtec (For sneezing, itching, watery eyes	

Is there anything the camp needs to be aware of when giving any of the approved OTC meds to your child?

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the medical staff delegated to administer medication.

Parent/Legal Guardian Name Printed \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_