



BUCKHORN CAMP

SUMMER CAMP & RETREAT CENTER

CAMPER REGISTRATION FORM

CAMP SESSION: _____ DATES: _____

Camper Name: _____ Likes to be Called: _____
Gender: _____ Grade Completed: _____ Age/Birthday: _____

PARENT/GUARDIAN 1

Name: _____ Relationship: _____
Mailing Address: _____ City: _____ Zip Code: _____
Email: _____ Primary Phone No.: _____
Employer: _____ Phone (if applicable): _____

PARENT/GUARDIAN 2

Name: _____ Relationship: _____
Mailing Address: _____ City: _____ Zip Code: _____
Email: _____ Primary Phone No.: _____
Employer: _____ Phone (if applicable): _____

IN CASE OF EMERGENCY *Emergency Contacts OTHER than parent/guardian - 2 required*

Name: _____	Relationship: _____
Address: _____	24 HR. Phone: _____
Name: _____	Relationship: _____
Address: _____	24 HR. Phone: _____

PERSONS AUTHORIZED TO TAKE CHILD FROM CAMP

Name: _____	Phone: _____
Address: _____	
Name: _____	Phone: _____
Address: _____	

PERSONS NOT AUTHORIZED TO TAKE CHILD FROM CAMP

Names: _____

FINANCIAL	
Session Fee Amount:	
Optional - Camp Donation:	
Amount Enclosed:	
TOTAL BALANCE DUE:	

Youth in Mission
Session Fee: \$350

Mountaineers Middle
Session Fee: \$450

Buckaroos Elementary
Session Fee: \$450

Explorers High School
Session Fee: \$450



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CAMPER REGISTRATION FORM

Camper Name: _____

AUTHORIZATION TO PARTICIPATE OR EXCLUDE PARTICIPATION IN CAMP ACTIVITIES

I hereby give permission for my child (named on page 1 of this form) to go on trips away from camp premises, whether on foot or by vehicle. I give permission for my child to participate in horseback riding, boating, and challenge course activities while at Buckhorn Camp, excluding the activities listed below. I understand that these are activities that involve a degree of risk, and that only qualified leadership will be used. I understand that by signing this waiver I am releasing Buckhorn Camp Leaders from all liabilities in the event of an injury or accident.

I also give my permission for any necessary medical/surgical treatment that may be necessary in the unlikely event that an accident should occur. I also give my permission for voice recordings, photos, and videos taken during camp participation to be used by Buckhorn Camp for promotion. I have also read, understood, and have shared with my child Buckhorn Camp's rules and regulations and discipline policies.

PLEASE LIST ANY ACTIVITIES YOU DO NOT WANT YOUR CHILD TO PARTICIPATE IN BELOW:

Parent/Guardian Signature: _____ Date: _____

REQUIRED FORM CHECKLIST

The following forms are required for each camper to be able to participate in camp, and are available on our Buckhorn Website and ActiveNetwork Camp Registration Page. Failure to provide the required forms will result in your child's inability to attend camp. We must receive forms two-weeks prior to your camper's session to be able to plan for our camps. Please plan ahead to ensure you have the forms completed (one requires a doctor's signature). Thank you for your cooperation!

Doctor/Parent Physical Form

Must be signed by a licensed physician AND parent/guardian. We cannot accept school or sport physicals completed for school purposes.

Camper Health History Form

Colorado Immunizations Records

Must be completed on certified Colorado Dept. of Health form (available on camp registration page). We cannot accept print outs from doctor's clinics (unless they're printed on CO Dept. of Health form) as the order of immunizations vary and are not in compliance with the Dept. of Health.

Buckhorn Waivers

Our Health & Treatment Waiver and Travel/Liability/Photo/Media Waiver are available to sign electronically through ActiveNetwork, or can be downloaded from the Buckhorn Camp website.

Please make sure to read Buckhorn's Rules & Regulations and our Discipline Policies. Signing this form (above) indicates you have read, understood, and shared with your child the rules, regulations, expectations and discipline policies.

Camper Registration Forms may be mailed to the address listed, or uploaded to your child's ActiveNetwork account. If you have any questions, please email director@buckhorncamp.org, or call 970-484-9815. If prompted, please leave a voicemail with your name, callback number, and what the call is regarding.

MAIL REGISTRATION TO:
Buckhorn Camp
P.O. Box 125
Bellvue, CO 80512