

# Rockin' C Ranch | camper form packet

This packet is REQUIRED for summer camp registration. It includes a Profile, Health Form, Medication Form, and Release of Liability. Complete each form carefully, noting where signatures are required. Please return the entire packet to the camp office prior to your child's camp session. We recommend that you keep a copy for your personal records.

**Note:** An updated shot record and a front and back copy of your camper's health insurance are required with this packet.

If you have any questions not addressed here, please refer to the Policies and Information Packet (available online), email the Registrar at [camp@RockinCRanch.org](mailto:camp@RockinCRanch.org), or call the Registrar at 903.858.3308 x 18.

Please return this packet to:

Rockin' C Ranch  
5300 CR 325  
Lindale, TX 75771

# Rockin' C Ranch | release of liability

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

Camp Session: \_\_\_\_\_

Rockin' C Ranch requires that a parent or guardian of each camper/guest sign this waiver and release form before the camper/guest participates in any and all **GENERAL CAMP ACTIVITIES, HORSE/EQUINE ACTIVITIES, ROPES COURSE ACTIVITIES, OR BOATING/AQUATIC ACTIVITIES.**

The undersigned acknowledges that while attending Rockin' C Ranch and participating in the camp's programs, certain risks and dangers may occur. The undersigned further recognizes that these risks may also include physical, emotional or psychological damage or injury, not excluding fatality, due to accidents that may occur or result from any general camp activities, horse activities, ropes course activities, and boating activities. The undersigned agrees to abide by all policies and procedures of the Rockin' C Ranch in order to maintain the utmost level of safety.

**HOUSE BILL 280 EFFECTIVE September 1, 1995:**

*Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.*

I acknowledge the risks and potential risks of horseback riding and ropes course activities. However, I feel that the possible benefits to myself/son/daughter/ward are greater than the risk assumed.

**HELMET REQUIREMENTS  
NO EXCEPTIONS.**

**Ropes Course**– All ropes course participation is voluntary and ALL participants must wear a helmet.

**Horse Back Riding**– All guests under the legal age of 18 are REQUIRED to wear a helmet while riding horses.

I hereby, intending to be legally bound for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against Rockin' C Ranch and its employees, for any and all injuries and/or losses I/son/daughter/ward may sustain while participating in horseback riding or any activity offered on Rockin' C Ranch.

I agree Rockin' C Ranch is released from liability in connection with medical treatment and unavoidable accidents. Rockin' C Ranch also has my permission to leave the campgrounds with authorized camp staff for scheduled trips and outings. I fully understand the inherent risks involved in activities in which my child will be participating or has participated. I accept all risks including those activities preliminary and subsequent to the chosen activity. Also, I give Rockin' C Ranch permission to utilize my child's photograph or likeness in camp promotional materials.

The undersigned fully understands this release and waiver form, and has the capacity to sign on behalf of the camper/guest named below. The undersigned also understands that physical activity at Rockin' C Ranch involves the potential risk of injury, and that participation in this program is entirely voluntary.

**PARENT OR GUARDIAN HAVING CUSTODY OR CONTROL:**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

Special Instructions:

Ropes Course (you may not participate if):

- , Equipment does not fit properly
- , Pregnant or recent surgery
- , Back, neck or shoulder problems
- , Heart condition\high blood pressure
- , Recently suffered a severe injury

Horses

- , Closed-toe shoes are required
- , Long pants are recommended

# Rockin' C Ranch | camper profile

*Please attach a recent photo of your camper*

This form is designed to prepare our counselors to provide the best possible camp experience for your camper. If you feel there are issues too sensitive to disclose, please speak personally with your child's counselor when you arrive at camp.

Camper Name \_\_\_\_\_ Age at camp \_\_\_\_\_

- Y    N    Will your camper have a birthday while at camp? Date: \_\_\_\_\_
- Y    N    Has your camper ever attended a summer camp before?
- Y    N    If no, has your camper been away from home alone for two or more days?
- Y    N    Are both parents living?
- Y    N    Does your camper live with both parents? If not, then with whom? \_\_\_\_\_

Has your camper been recently affected by a death, divorce or traumatic experience? Please explain.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you most desire your camper to gain from the camp experience?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your camper's greatest strengths?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any limitations or conditions we should know about to better help and understand your camper? (Please be as specific as possible.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

General Comments:

For office only

Session \_\_\_\_\_ Cabin \_\_\_\_\_

# Rockin' C Ranch | medication form

CAMPER NAME \_\_\_\_\_ CAMP SESSION \_\_\_\_\_

All medication must be checked in on opening day with the health care staff. Please bring all prescription medication, over-the-counter, and non-prescription drugs taken **routinely** by your child on opening day. Bring enough medication to last all week. **PLEASE KEEP ALL MEDICATION IN THE ORIGINAL CONTAINER. ALL PRESCRIPTION MEDICATIONS SHOULD BE IN A PHARMACY LABELED CONTAINER WITH THE CAMPER'S NAME ON IT.** Please complete the box below if camper requires any regular medication.

PARENT/GUARDIAN MEDICATION REQUEST		
Medication	Reason	How To Give It

Rockin' C Ranch will administer the following over-the-counter medications as needed. Please **INITIAL** each medication our staff has permission to administer in the event that your child should need it.

**Rockin' C Ranch has permission to administer the following medications as needed:**  
*(Please INITIAL beside each medication Rockin' C Ranch may give to your child.)*

- \_\_\_\_\_ Ibuprofen (i.e. Advil)
- \_\_\_\_\_ Acetaminophen (i.e. Tylenol)
- \_\_\_\_\_ Diphenhydramine Hydrochloride- Antihistamine (i.e. Benadryl)
- \_\_\_\_\_ Pseudoephedrine Hydrochloride- Decongestant (i.e. Sudafed)
- \_\_\_\_\_ Cough Suppressant/Expectorant (i.e. Robitussin)
- \_\_\_\_\_ Antacid (i.e. Maalox, Tums)
- \_\_\_\_\_ Topical Creams (i.e. hydrocortisone cream, triple antibiotic ointment, calamine lotion)

I hereby give my permission to Rockin' C Ranch staff to administer over-the-counter and/or regular medications to my camper as needed.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CAMPER FIRST NAME

CAMPER LAST NAME

# Rockin' C Ranch | health form

Please keep a copy for your records.

This health form is designed to assist our health care staff in identifying appropriate care. The information in this form will only be available to staff working with your camper. This health form is required for camp attendance and must be completed by a parent/guardian.

**PLEASE ATTACH A PHOTOCOPY OF INSURANCE CARD & SHOT RECORD**

## CAMPER INFORMATION

CAMPER FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

(circle one) Hillside Trailhead Lakefront Day Camp Camp Dates \_\_\_\_\_

Camper's Social Security # \_\_\_\_\_ Age at Camp \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Please provide contact information for persons other than yourself whom we may consult if we cannot reach you. We assume you have spoken with these individuals and that they are willing to assist should the need arise.

**Custodial Parent/Guardian(s)** \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address (If different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**2nd Parent Guardian or Emergency Contact** \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alternate Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## INSURANCE INFORMATION (please attach front and back copy of insurance card)

Is the camper covered by family medical/hospital insurance? \_\_\_\_ Yes \_\_\_\_ No

Insurance Carrier/Plan Name \_\_\_\_\_ Group # \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Policyholder \_\_\_\_\_

Social Security # \_\_\_\_\_

CAMPER FIRST NAME

CAMPER LAST NAME

**HEALTH HISTORY** (Attach a separate sheet if necessary).

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

Name of Camper's Physician \_\_\_\_\_

Office Telephone (\_\_\_\_) \_\_\_\_\_

Name of Camper's Dentist \_\_\_\_\_

Office Telephone (\_\_\_\_) \_\_\_\_\_

Name of Orthodontist \_\_\_\_\_

Office Telephone (\_\_\_\_) \_\_\_\_\_

Medication Allergies \_\_\_\_\_

Reaction and Treatment \_\_\_\_\_

Food Allergies \_\_\_\_\_

Reaction and Treatment \_\_\_\_\_

Other Allergies (include plant and animal) \_\_\_\_\_

Reaction and Treatment \_\_\_\_\_

**CHRONIC CONCERNS**

Check ALL that pertain to your camper and provide information about supportive health care:

\_\_\_ This camper has NO long-term health concerns and is capable of full participation in the Rockin' C Ranch camp program.

\_\_\_ This camper has the following health concern(s): (Please provide supportive health care information for each checked item)

\_\_\_ Asthma (even if inhaler is only used occasionally) \_\_\_\_\_

\_\_\_ Frequent ear infections \_\_\_\_\_

\_\_\_ Migraine headaches \_\_\_\_\_

\_\_\_ Enuresis (bed-wetting) \_\_\_\_\_

\_\_\_ Depression, ADD, ADHD, Oppositional Behavior Disorder \_\_\_\_\_

\_\_\_ Anorexia, Bulimia (Eating Disorders) \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_

\_\_\_ Any other chronic illness such as Crohn's Disease, Amnesia, Seizures, Tourette's, etc. \_\_\_\_\_

Please use this space to list or explain any additional information which Rockin' C Ranch should be aware concerning: 1) restrictions on camp activities and 2) the camper's behavior and physical, emotional, or mental health \_\_\_\_\_

**PARENT/GUARDIAN AGREEMENT**

The information given in this form is complete and accurate to the best of my knowledge. I hereby give my permission for my camper to participate in all camp activities.

I hereby give my permission to licensed Rockin' C Ranch staff and volunteer physicians to administer prescribed medication, provide health care, and seek emergency medical care. I hereby give my permission to Rockin' C Ranch to provide or seek transportation to medical facilities for my camper.

In case of an emergency where I cannot be contacted, I hereby give permission to the physician selected by Rockin' C Ranch to secure and administer proper treatment, hospitalize, order injections, order anesthesia and/or surgery for my camper. I understand that the Camp Director reserves the right to send home a camper whose medical condition becomes unmanageable and/or places the camper or Rockin' C Ranch at risk in the camp environment.

**PARENT SIGNATURE REQUIRED HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

\*ROCKIN' C RANCH DOES NOT REQUIRE A MEDICAL EXAMINATION FOR CAMP ENROLLMENT. HOWEVER, WE STRONGLY RECOMMEND THAT YOUR CAMPER UNDERGO A PHYSICAL EXAMINATION WITHIN 2 YEARS OF CAMP ATTENDANCE.