

# Frontier Ranch Registration 2010

See website for important Registration Information - [www.frontier-ranch.com](http://www.frontier-ranch.com)

Boy  Girl

Camper's Name \_\_\_\_\_

Address \_\_\_\_\_

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

FREE CAMP T-SHIRT Select a Size: YM (10-12) AS AM AL AXL

Camper's E-mail \_\_\_\_\_

Grade in Sept. '10 \_\_\_\_\_ Birthday \_\_\_\_\_

Mr. \_\_\_\_\_

Circle: Parent / Step Parent / Guardian

Mrs./ Ms. \_\_\_\_\_

Circle: Parent / Step Parent / Guardian

Parent's E-mail \_\_\_\_\_

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

Church Name \_\_\_\_\_

## Camper's Health Information

Please attach a note with any special concerns. Please notify camp if your child is exposed to any communicable disease during the two weeks prior to camp attendance.

Health Problems / Activity Restrictions \_\_\_\_\_

Drug/Food Allergies \_\_\_\_\_

Allergic Reactions \_\_\_\_\_

Regular Medications \_\_\_\_\_

Tetanus Booster DATE: \_\_\_\_\_ Polio series completed Y  N

Special Dietary needs? Y  N  (if yes, attach note of explanation)

Can we give your camper Tylenol, Benadryl, Sudafed, Robitussen PM, Ibuprofen, Cough Drops, Pepto Bismol? Y  N

These are the only medications we stock. Please attach a note if you answered no or have any concerns.

**\*\*\*Attach a copy of your Medical Insurance Card\*\*\***

Medical Insurance Company Name \_\_\_\_\_

Policy # \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

**THIS RELEASE MAY LIMIT YOUR LEGAL RIGHTS.** Mission Springs Christian Camps & Conference Center (hereinafter, "Mission Springs"), also known as Frontier Ranch, offers an array of camp and conference services and facilities. While Mission Springs strives to operate safe programs and maintain safe facilities, there is always a risk of injury when participants engage in activities involving physical exertion in the natural, dim, and rustic setting of Mission Springs. By signing below, I attest that I have disclosed all known health conditions that may affect Participant's participation in the Mission Springs camp or conference. Further, I acknowledge that Participant is in good physical condition, on the basis of a physician's examination, within six months of the scheduled conference or camp. I acknowledge that Mission Springs shall not be responsible for personal belongings that may be lost or stolen during a camp or conference. In the event of an emergency, I hereby give permission to Mission Springs (and physicians selected by Mission Springs) to secure any medical treatment that may become necessary, including injections, anesthesia, and/or surgery. I acknowledge that Participant has my permission to fully participate in conference and/or camp activities, both on and off Mission Springs grounds, except as otherwise noted on the conference or camp application. I also give Mission Springs permission to use Participant's photo in future promotional materials. My signature below acknowledges that I, as a participant in a camp or conference to be held at Mission Springs, and on behalf of my child (or other person over whom I hold a legal guardianship or conservatorship) who will participate in a camp or conference at Mission Springs, am aware of the inherent hazards and risks associated with such participation. **By signing below, I attest that I have a full understanding of the inherent hazards and risks associated with participation in the conference or camp, including the activities included therein, which may involve areas of poor lighting, rough terrain, and other natural and man-made elements that could result in injury, and hereby assume all risk of loss, damage or injury that may be sustained by myself, my child, or other person over whom I have a legal guardianship or conservatorship. FURTHERMORE, I HEREBY RELEASE MISSION SPRINGS AND ITS BOARD OF DIRECTORS, OFFICERS, EMPLOYEES, AGENTS, AND/OR VOLUNTEERS FROM ALL LIABILITY, REGARDLESS OF WHETHER SUCH LIABILITY STEMS FROM THE NEGLIGENCE ACTS OR FAILURES TO ACT OF MISSION SPRINGS EMPLOYEES, AGENTS, DIRECTORS, OFFICERS, AND/OR VOLUNTEERS.** The undersigned agrees that the foregoing Release of Liability is intended to be as broad and inclusive as permitted by the laws of the state of California, and if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, remain in full force and effect.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please Print Name

## Junior Entering Grades 4-6 \$415

Week 1 June 20-26

Week 3 July 4-10

Week 5 July 18-24

Week 7 August 1-7

### Optional Activities (see description)

Skateboarding - \$25

Big Ben Leap of Faith - \$25

Giant Swing - \$25

## Junior High Entering Grades 7-9 \$425

Week 2 June 27-July 3

Week 4 July 11-17 *New!* (see description)  
 Climbing & Challenge Course Track - \$125

Week 6 July 25-31 *New!* (see description)  
 Skateboarding Track - \$125

Week 8 August 8-14

### Optional Activities (see description)

Surfing - \$25

Skateboarding - \$25 (not week 6)

Big Ben Leap of Faith - \$25

Giant Swing - \$25

All Camp Photo - \$10  
*The whole camp in one professional 8x10 photo!*

Frontier Ranch DVD Scrapbook - \$10  
*DVD highlights of YOUR week at camp!*

VALUE PACK - Pre-camp Discount - \$17  
*Includes both the photo and the DVD Scrapbook*

### Promotional Discounts (see description)

PrimeTime Parties (see website for details)

Bring-A-Friend (\$40 discount)

Name \_\_\_\_\_

Family Pack  
(\$25 discount per 2nd, 3rd, 4th sibling)

Name \_\_\_\_\_

Name \_\_\_\_\_

### Financial Summary:

Camp Fee: \$ \_\_\_\_\_

Optional Activity (\$25 each): \$ \_\_\_\_\_

Weeklong Track (\$125 each): \$ \_\_\_\_\_

Photo, DVD or Value Pack: \$ \_\_\_\_\_

Promotional Discounts: \$ (\_\_\_\_\_) \_\_\_\_\_

**Total Amount Due: \$ \_\_\_\_\_**

*\*\$75 non-refundable deposit is included in camp fee.*

### Cabin Mates

Cabin mates may be requested. We will make every effort to honor these requests. Maximum of 8 friends per cabin. Some age restrictions apply. Please attach additional cabin mate requests to registration form.

First Cabin Mate \_\_\_\_\_

Second Cabin Mate \_\_\_\_\_

*Check our website for Cabin Mate policy*

2010 Summer Schedule

## Financial Information

Camper's Name \_\_\_\_\_

Camp Week # \_\_\_\_\_

Office Only: Reg # \_\_\_\_\_

### Payment Options:

**CHECK**                      **OR**                      **CREDIT CARD**

**Total Amt. Due** \$ \_\_\_\_\_  
Enter amount from above

**Total Amt. Due** \$ \_\_\_\_\_  
Enter amount from above

**Check Amount** \$ \_\_\_\_\_  
Payable to Mission Springs  
Minimum deposit of \$75 per camper

**Full Payment Required  
with Credit Card**

**Balance Due** \$ \_\_\_\_\_

*In the event of cancellation, a \$75 non-refundable deposit (included in camp fee) will be retained.*

**Full payment is required with credit card.**

*In the event of cancellation, a \$75 non-refundable deposit will be retained.*

Credit Card:     Visa     Master Card

Name on Card: \_\_\_\_\_

#: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Exp. Date: Month \_\_\_\_\_ Year \_\_\_\_\_    V-code (3-digit number on back of card): \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cardholder signature \_\_\_\_\_

Mail Registration Form, payment, and a copy of your Medical Insurance Form to:  
Mission Springs Camps & Conference Center, 1050 Lockhart Gulch Road, Scotts Valley, CA 95066

### IMPORTANT REMINDER!

Important information about our camp policies  
(cabin mate, camper pick-up, waiting list cancellation, etc.)  
can be found at [www.frontier-ranch.com/parents.php](http://www.frontier-ranch.com/parents.php)

#### Balance Due:

Each summer we turn away a number of campers on our wait lists. In efforts to give as many possible campers an opportunity to come to camp we will be adhering strictly to our policy that states: Your camper's balance must be **PAID IN FULL TWO WEEKS PRIOR** to your scheduled camp week. If you are not able to meet this requirement for any reason, please call the camp registrar immediately, otherwise, your registration will be subject for cancellation.

#### Cancellations:

Refunds are not guaranteed for any cancellation of camp made within the two weeks prior to your camper's scheduled week. Please call the camp registrar if you have any questions or concerns regarding this manner.

[kknoll@missionsprings.com](mailto:kknoll@missionsprings.com) or 831-335-9133 x40

# FRONTIER RANCH