



APPLICATION 2016

Please complete this application form and bring it to your interview.

Camper Information

Full name of camper: _____ Name camper goes by: _____

Age: ____ Date of birth: _____ Circle: male female Ethnicity: _____ T-shirt size: _____ Shoe size: _____

Grade now: ____ >> Grade Summer/Fall 2016: ____ School: _____ Teacher's name: _____

Circle **ONE** Camp Session to attend:

Session 1: June 19 – 24 6 th and 7 th grades	Session 2: June 26 – 30 4 th and 5 th grades	Session 3: July 3 – July 9 8 th and 9 th grades	Conservation Corps: June 26 – July 8 10 th through 12 th grades
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How did you hear about El Ranchito? (circle all that apply) El Buen school church family friend other: _____

Did camper attend El Ranchito before? (circle one) yes no If yes, when? _____

Other family members or friends who attend El Ranchito?

First name / Last name	Relationship (friend, cousin)

First name / Last name	Relationship (friend, cousin)

Family Information

Parent / Guardian 1: _____ Relationship to Camper: _____

Cell: _____ Work: _____ Email: _____

Parent / Guardian 2: _____ Relationship to Camper: _____

Cell: _____ Work: _____ Email: _____

Camper E-mail: _____ Camper Cell: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Number in Household: Adults _____ Children: _____

Camper lives with (circle one): Both Parents Mother Father Grandparents Guardian Other: _____

Does camper qualify for the federal free or reduced lunch program at school? (circle one) yes no

Average monthly household income: _____ Average annual household income: _____

Camp Tuition

Tuition for campers and Corps members is \$50.00. Tuition includes lodging, meals, supervision, and program, a camp picture, all craft supplies, and a camper package. Tuition is non-refundable and non-transferable unless application is denied. Refunds will be made upon receipt of physician's authorization if camper is ill and cannot attend. No fee will be returned after a camper has been admitted to camp. *El Ranchito* reserves the right to dismiss any camper, without refund, whose conduct is not in the best interest of other campers.

Payment Information

Check # _____ Amount: _____ or Cash amount received: _____ Staff initials: _____

Medical Contact Information To be completed by Parent or Guardian

Medical Contact and Release

Full Name of Child: _____ Camp Session: _____

Parents/Legal Guardians: _____ Relationship to Child: _____

Do you have health insurance? (circle one) yes no If NO, will you make a clinic appointment at the El Buen Clinic? (circle one) yes no

Medical Insurer / Health Provider: _____ Policy #: _____

Address: _____ Phone: _____

Physician's Name: _____ Emergency Phone: _____

Address: _____ Office Phone: _____

Please provide front and back copy of all immunization records, and medical or prescription drug insurance card(s), if you have them. Basic accident insurance for camp activities is included in camp tuition. Parents and guardians are responsible for expenses in excess of coverage and pre-existing conditions are not covered. Copies attached: (circle one) yes no

Emergency Contact (NOT same parent/guardian as above / NO puede ser el mismo padre o guardian indicado previamente):

Name: _____ Relationship to Child: _____

Address: _____ Email: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Notice of Privacy

El Ranchito understands that medical information concerning your child is personal, private information, and is committed to protecting the medical information retained on file. You understand that the purpose of retaining such information is to assist in providing your child medical treatment in the event that a medical emergency arises. In the event of such medical emergency, El Ranchito may need to disclose medical information and billing information for purposes of obtaining emergency medical treatment. El Ranchito will not disclose your child's medical history or related information to any third party other than the treating physician or medical emergency services provider (clinic, hospital, etc.) unless otherwise required by law.

Authorization and Consent of Parent(s) or Legal Guardian(s)

I/We, the undersigned parent(s) or legal guardian(s) of _____ hereby grant El Ranchito (the "Caretaker") the
[CHILD'S NAME]

authority to take temporary care of the following child: _____ This grant of temporary
[CHILD'S FULL LEGAL NAME]

authority shall begin on _____, 2016, and shall end on _____, 2016. *[Exact dates during which Child will attend camp.]*

The above-named Caretaker shall have the power to:

- (1) seek appropriate medical treatment or attention on behalf of the child as may be required by the circumstances, including but not limited to medical doctor and/or hospital visits;
- (2) authorize transportation to and from the medical facilities employed in the care of the child;
- (3) authorize medical treatment of medical procedures in an emergency situation;
- (4) make appropriate decisions regarding clothing, bodily nourishment and shelter;
- (5) make decisions regarding the health and well being of said child; and
- (6) administer over the counter and prescribed medication as needed.

This medical information and immunization record is true and accurate to the best of my knowledge.

Name of Authorized Parent or Legal Guardian *[Print]* _____

Parent or Legal Guardian Signature: _____ Date: _____

I am aware that El Ranchito is a nature immersion camp where I will be focusing on the natural world and making new friends. I promise to participate in the camp activities, explore the outdoors, and follow camp rules. I understand that camp is fun and exciting, and that it may be difficult at times. I will be a safety-minded camper and I will let camp staff know if I need anything. I will respect the natural world, all property, my tent mates, other campers, the camp staff, and camp visitors. When we are on field trips away from camp, I will cooperate with the camp staff, stay with my El Ranchito group, and respect the rules and people at the places we are visiting.

I am aware that El Ranchito creates a supportive environment in which diversity is honored and everyone belongs. Participation in any form of bullying (verbal, physical, emotional, etc.) will not be tolerated.

I am also aware that El Ranchito is an alcohol-free, tobacco-free, substance-free, and weapon-free camp. I pledge to not bring any of these items to camp. If any El Ranchito staff member suspects me of possessing alcohol, tobacco, illegal drugs, or weapons of any kind, my tent and my belongings may be subject to search by staff members. If I am caught with any of these items, my parents will be notified and I will be sent home.

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Yo sé que El Ranchito es un campamento de inmersión en la naturaleza donde estaré enfocando en el mundo natural y haciendo nuevas amistades. Yo prometo a participar en las actividades del campamento, a explorar a la naturaleza, y a seguir a los reglamentos del campamento. Entiendo que puede haber muy divertido el campamento, o que también podría ser difícil a veces. Daré prioridad a la seguridad y hablaré con el personal del campamento si necesito algo. Respetaré al mundo natural, a toda la propiedad, a mis amigos de la tienda de campaña, a otros campistas, al personal, y a los visitantes al campamento. Cuando viajamos a otros lugares, yo obedeceré al personal del campamento, me quedaré con mi grupo de El Ranchito, y respetaré al personal y a los reglamentos de las otras organizaciones.

Soy consciente de que haya un ambiente de apoyo en El Ranchito, donde se honra a la diversidad, y donde todos quepan. No se tolera ninguna forma de acoso escolar (verbal, físico, psicológico, etc.).

También conozco que El Ranchito es un campamento libre de alcohol, tabaco, estupefacientes, y armas. Prometo no traer ninguna de estas cosas al campamento. Si algún miembro del personal de El Ranchito sospecha que estoy en posesión de alcohol, tabaco, drogas ilegales, o cualquier tipo de arma, mi tienda de acampar y mis posesiones estarán dispuestas a ser revisadas. Si me encuentran con cualquier de estas cosas, mis padres serán notificados y me mandarán a mi casa.

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Camper Signature  
Firma de Acampante

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Parent Signature  
Firma de Padre

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Date/Fecha

---

Date/Fecha





## PARTICIPATION & RELEASE AGREEMENT 2016

Camper Name: \_\_\_\_\_ Camp Session: \_\_\_\_\_

Dear Parents and Guardians:

**Welcome to *El Ranchito*!** We at *El Ranchito* take your child's safety seriously. However, even with safety procedures and supervision, any outdoor camping and recreational activity has certain inherent dangers. Accordingly, we require all campers and their parents or guardians to sign this participation and release agreement. By signing this agreement, you agree to the following:

- ⇒ I understand the *El Ranchito* camp is operated by El Ranchito, LLC, a Texas limited liability company, referred to as *El Ranchito*.
- ⇒ I will follow all of *El Ranchito's* rules and instructions. I understand that *El Ranchito* reserves the right to dismiss any person from further participation in the camping program for failing to follow *El Ranchito* rules and instructions.
- ⇒ I shall be liable for any damage to *El Ranchito's* property or of the property of others resulting from my camper's acts—whether those acts were done solely or in concert with others.
- ⇒ I am solely responsible for medical costs incurred on behalf of my camper.
- ⇒ I consent to the taking of photographs, motion pictures or videotapes of my camper during camp, and the use and display of the same (including on the internet) for advertising, promotion, publicity or other purposes, and waive all claims for any compensation for such use or for damage.
- ⇒ I confirm that all of the information contained in the documents I have submitted to *El Ranchito* is true and correct and that *El Ranchito* and its representatives have full right and authority to rely on the information contained in them. I recognize that *El Ranchito* reserves the right to reject any camper in the event that information submitted is either incomplete or incorrect.
- ⇒ I hereby give permission for my camper's belongings to be searched, with my camper present, when *El Ranchito* deems it necessary to protect the health, well-being, or safety of my camper or others.
- ⇒ I know that many activities may be conducted during the *El Ranchito* camp including, but not limited to, such events as swimming, rock-climbing, rappelling, hiking, horseback riding, soccer, crafts, fishing, volleyball, outdoor camping, camp fires, cave explorations, backpacking, canoeing, kayaking, and other group games and sports, as well as paid conservation work (by select campers). I also understand and agree that campers may be transported by automobile within camp grounds or to excursions off camp property. I realize that some of these activities and events may subject those involved to certain stresses and hazards not all of which can be foreseen. I desire and consent that my camper take part in all such activities (except as to any that are requested to be excluded for me as shown in the activity exclusion section found below in this form). I **ASSUME ALL OF THE ORDINARY RISKS NORMALLY INCIDENT TO THE NATURE OF THE ACTIVITIES CONDUCTED. I HEREBY FURTHER AGREE TO RELEASE, INDEMNIFY, AND HOLD HARMLESS EL RANCHITO, AND ITS AFFILIATES, EMPLOYEES, AGENTS, REPRESENTATIVES, CONTRACTORS (INCLUDING EL BUEN SAMARITANO EPISCOPAL MISSION, WESTCAVE PRESERVE CORP., SHIELD RANCH FOUNDATION AND THE OWNERS AND OPERATORS OF SHIELD RANCH), AND ALL OTHER PERSONS ACTING FOR, ON BEHALF OF, OR IN CONJUNCTION WITH EL RANCHITO, INCLUDING THIRD PARTY PROVIDERS OF THE CAMP ACTIVITIES (DESCRIBED ABOVE AND BELOW) FROM ALL LIABILITY WHATSOEVER, EXPRESSLY INCLUDING TRAVIS COUNTY, TEXAS AND ALL ACTIVITIES ON**

HAMILTON POOL NATURE PRESERVE, MILTON REIMERS RANCH PARK OR ANY OTHER TRAVIS COUNTY PARK. THIS RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT INCLUDES, BUT IS NOT LIMITED TO, PERSONAL INJURY, OR INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF CAMPING AND OTHER ACTIVITIES OR CONDITIONS SPONSORED BY OR OCCURRING IN CONJUNCTION WITH EL RANCHITO. THIS RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT ALSO INCLUDES, BUT IS NOT LIMITED TO, ALL CLAIMS BASED IN WHOLE OR IN PART ON THE NEGLIGENCE (EXCEPT GROSS NEGLIGENCE) OF THE PARTIES RELEASED ABOVE OR ANY OTHER PARTY RELEASED HEREIN, INJURIES RESULTING FROM THE FAILURE OF CAMPERS TO OBEY CAMP RULES OR INSTRUCTIONS, OR INJURIES RESULTING FROM THE EXERCISE OF JUDGMENT MADE IN GOOD FAITH. THIS RELEASE FURTHER EXTENDS TO ALL COSTS AND ATTORNEYS' FEES. IT IS MY INTENTION BY SIGNING THIS DOCUMENT TO RELEASE THE PARTIES LISTED ABOVE FROM ANY AND ALL LIABILITY FOR ACTS OR OMISSIONS THAT ARE NOT PERFORMED WILLFULLY OR MALICIOUSLY OR FOR WHICH THERE IS COVERAGE UNDER EL RANCHITO'S WORKERS COMPENSATION INSURANCE POLICY.

PLEASE LIST ANY EXCLUDED ACTIVITIES: \_\_\_\_\_

⇒ I understand that some camp activities will be provided through third-party providers, and that such third party providers may require the execution of releases or waivers as a condition of participation by my camper. I wish to authorize El Ranchito to execute any such documents on my behalf. Therefore, I HEREBY IRREVOCABLY DESIGNATE AND APPOINT EL RANCHITO AS MY AGENT AND ATTORNEY IN FACT (WITH FULL POWER OF SUBSTITUTION), TO EXECUTE AND DELIVER IN MY NAME, PLACE AND STEAD, ANY WAIVER, RELEASE OR SIMILAR DOCUMENTS REQUIRED BY THIRD PARTY PROVIDERS OF THE CAMP ACTIVITIES, INCLUDING, WITHOUT LIMITATION, ROCK-ABOUT, INC., BEE CAVE RIDING CENTER, EXPEDITION SCHOOL, TRAVIS COUNTY, TEXAS, CITY OF AUSTIN, TEXAS, AND TEXAS PARKS AND WILDLIFE DEPARTMENT, PROVIDED THAT SUCH DOCUMENTS ARE OF THE TYPE REQUIRED OF ALL PARTICIPANTS IN THE ACTIVITIES PROVIDED BY SUCH THIRD PARTIES. I EXPRESSLY BIND MYSELF TO SUCH DOCUMENTS AND ACTIONS WITHOUT FURTHER ACTION ON MY PART AND AGREE THAT THE POWER OF ATTORNEY GRANTED HEREIN SHALL BE DEEMED TO BE COUPLED WITH AN INTEREST AND WILL SURVIVE MY DISABILITY, INCOMPETENCE OR DEATH.

⇒ I am aware of the following additional statutory limitation of liability:

**WARNING**

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

⇒ I have signed this document as my own free act and in consideration of the agreement by *El Ranchito* to accept my camper for the camp program chosen. I understand that the terms herein are contractual and not a mere recital.

|                                     |                    |             |
|-------------------------------------|--------------------|-------------|
| Parent/Guardian Name (print): _____ | (signature): _____ | Date: _____ |
| Camper Name (print): _____          | (signature): _____ | Date: _____ |

Nombre del acampante: \_\_\_\_\_ Sesión de campamento: \_\_\_\_\_

Estimados padres y tutores:

**¡Bienvenidos a *El Ranchito*!** En *El Ranchito* tomamos en serio la seguridad de su hijo. Sin embargo, aun con procedimientos de seguridad y supervisión, cualquier actividad recreativa y de campamento al aire libre tiene ciertos peligros inherentes. En consecuencia, exigimos que todos los acampantes y sus padres o tutores firmen este acuerdo de participación y exoneración. Al firmar este acuerdo, usted acepta lo siguiente:

- ⇒ Comprendo que el campamento *El Ranchito* es operado por El Ranchito, LLC, compañía de responsabilidad limitada de Texas, denominada *El Ranchito*.
- ⇒ Acataré todos los reglamentos y las instrucciones de *El Ranchito*. Comprendo que *El Ranchito* se reserva el derecho de impedir que cualquier persona siga participando en el programa de campamento por no acatar los reglamentos y las instrucciones de *El Ranchito*.
- ⇒ Seré responsable de cualquier daño a la propiedad de *El Ranchito* o a la propiedad de terceros que resulte de los actos del acampante a mi cargo, ya sea que estos actos los realice solo o en concierto con otros.
- ⇒ Soy el único responsable de los costos médicos que se incurran a nombre del acampante a mi cargo.
- ⇒ Doy mi consentimiento a la toma de fotografías, películas o videocintas del acampante a mi cargo durante el campamento, y al uso y la exhibición de éstas (incluido en Internet) ya sea para avisaje, promoción, publicidad u otros fines y renuncio a toda demanda por cualquier compensación ante dicho uso o ante daños relacionados.
- ⇒ Confirmando que toda la información contenida en los documentos que he entregado a *El Ranchito* es fiel y correcta y que *El Ranchito* y sus representantes tienen todo el derecho y la autoridad de confiar en la información que éstos contienen. Reconozco que *El Ranchito* se reserva el derecho de rechazar a cualquier acampante en caso de que la información presentada sea incompleta o incorrecta.
- ⇒ Por medio del presente doy permiso para que se revisen las pertenencias del acampante a mi cargo, en su presencia, cuando *El Ranchito* lo estime necesario para proteger la salud, el bienestar o la seguridad del acampante a mi cargo o de otros.
- ⇒ Sé que pueden realizarse muchas actividades durante el campamento de *El Ranchito*, entre las que se cuentan, entre otras, nadar, escalada en rocas, rápel, caminatas, paseos a caballo, fútbol, artesanías, pescar, vóleibol, campamento al aire libre, fogatas de campamentos, exploración de cuevas, viajes de mochileros, paseos en canoa y kayak, y otros juegos y deportes grupales, así como el trabajo pago de conservación (por acampantes seleccionados). Comprendo y acepto que los acampantes pueden ser transportados en automóvil dentro del terreno del campamento o a excursiones fuera de la propiedad del campamento. Comprendo que algunas de estas actividades y eventos pueden someter a los que participen en ellas a ciertas tensiones y peligros, no todos los cuales pueden ser prevenidos. Deseo y acepto que el acampante a mi cargo participe en todas estas actividades (excepto cualquiera de la que la exclusión, según se indica en la sección de exclusión de actividades que se encuentra más abajo en este formulario). **ASUMO TODOS LOS RIESGOS COMUNES NORMALMENTE INHERENTES A LA NATURALEZA DE LAS ACTIVIDADES REALIZADAS. MEDIANTE EL PRESENTE ACEPTO ADEMÁS EXONERAR, INDEMNIZAR Y MANTENER AL MARGEN A EL RANCHITO, Y A SUS AFILIADOS, EMPLEADOS, AGENTES, REPRESENTANTES, CONTRATISTAS (INCLUIDA LA MISIÓN EPISCOPAL DE EL BUEN SAMARITANO, WESTCAVE PRESERVE CORP., SHIELD RANCH FOUNDATION Y A LOS PROPIETARIOS Y OPERADORES DE SHIELD RANCH), Y A TODAS LAS DEMÁS PERSONAS QUE ACTÚEN POR, EN REPRESENTACIÓN O EN CONJUNTO CON EL RANCHITO, INCLUIDOS LOS PROVEEDORES TERCEROS DE LAS ACTIVIDADES DEL CAMPAMENTO (DESCRIPTAS ANTERIORMENTE Y A CONTINUACIÓN) DE**

ABSOLUTAMENTE TODA RESPONSABILIDAD, QUE INCLUYE DE MANERA EXPRESA EL CONDADO DE TRAVIS, TEXAS Y TODAS LAS ACTIVIDADES EN LA RESERVA NATURAL HAMILTON POOL, MILTON REIMERS RANCH PARK O CUALQUIER OTRO PARQUE DEL CONDADO DE TRAVIS. ESTE ACUERDO DE EXONERACIÓN, INDEMNIZACIÓN Y MANTENIMIENTO AL MARGEN DE TODA RESPONSABILIDAD INCLUYE, ENTRE OTROS ASPECTOS, LESIONES PERSONALES O DAÑOS A LA PROPIEDAD, INMUEBLE O PERSONAL, CAUSADOS POR O QUE SURJAN DE ACTIVIDADES DE CAMPAMENTO O DE OTRO TIPO O CONDICIONES PATROCINADAS O QUE SUCEDAN EN CONJUNTO CON EL RANCHITO. ESTE ACUERDO DE EXONERACIÓN, INDEMNIZACIÓN Y MANTENIMIENTO AL MARGEN DE TODA RESPONSABILIDAD INCLUYE TAMBIÉN, ENTRE OTROS ASPECTOS, TODAS LAS DEMANDAS BASADAS EN SU TOTALIDAD O EN PARTE EN LA NEGLIGENCIA (EXCEPTO EN CASO DE NEGLIGENCIA GRAVE) DE LAS PARTES EXONERADAS ANTERIORMENTE O DE CUALQUIER PARTE EXONERADA EN EL PRESENTE, LESIONES QUE RESULTEN DE LA NO OBEDIENCIA POR PARTE DE LOS ACAMPANTES DE LOS REGLAMENTOS O LAS INSTRUCCIONES DEL CAMPAMENTO, O LESIONES QUE RESULTEN DE LA APLICACIÓN DE CRITERIO EN BUENA FE. ESTA EXONERACIÓN SE EXTIENDE ADEMÁS A TODOS LOS COSTOS Y HONORARIOS DE ABOGADOS. AL FIRMAR ESTE DOCUMENTO, MI INTENCIÓN ES EXONERAR A LAS PARTES INDICADAS ANTERIORMENTE DE CUALQUIER Y TODA RESPONSABILIDAD ANTE ACTOS U OMISIONES QUE NO SE COMETAN EN FORMA PREMEDITADA NI MALICIOSA O QUE ESTÉN CONTEMPLADOS BAJO LA POLÍTICA DE SEGURO DE COMPENSACIÓN LABORAL DE EL RANCHITO. INDIQUE LAS ACTIVIDADES DE LAS QUE DESEA EXCLUIRSE \_\_\_\_\_

- ⇒ Comprendo que algunas actividades del campamento serán brindadas por proveedores terceros y que éstos pueden requerir la ejecución de exenciones o descargos de responsabilidad como condición de la participación del acampante a mi cargo. Deseo autorizar a El Ranchito para que ejecute cualquier documento de este tipo en mi nombre. Por lo tanto, POR EL PRESENTE DESIGNO Y NOMBRO IRREVOCABLEMENTE A EL RANCHITO COMO MI AGENTE Y APODERADO (CON TOTAL PODER DE SUBSTITUCIÓN), PARA EJECUTAR Y ENTREGAR EN MI NOMBRE, LUGAR Y POSICIÓN, CUALQUIER DESCARGO DE RESPONSABILIDAD, EXENCIÓN O DOCUMENTOS SIMILARES REQUERIDOS POR LOS PROVEEDORES TERCEROS DE LAS ACTIVIDADES DEL CAMPAMENTO, INCLUIDOS, ENTRE OTROS, ROCK-ABOUT, INC., BEE CAVE RIDING CENTER, EXPEDITION SCHOOL, CONDADO DE TRAVIS, TEXAS, CIUDAD DE AUSTIN, TEXAS Y EL DEPARTAMENTO DE PARQUES Y VIDA SILVESTRE DE TEXAS, SIEMPRE Y CUANDO DICHOS DOCUMENTOS SEAN DE LA CLASE REQUERIDA PARA TODOS LOS PARTICIPANTES EN LAS ACTIVIDADES BRINDADAS POR TALES TERCEROS. EXPRESAMENTE ME VINCULO CON DICHOS DOCUMENTOS Y ACCIONES SIN NINGUNA ACCIÓN ADICIONAL DE MI PARTE Y ACEPTO QUE LA REPRESENTACIÓN LEGAL OTORGADA POR EL PRESENTE SERÁ CONSIDERADA UN COMPLEMENTO DE UN INTERÉS Y SEGUIRÁ VIGENTE PESE A UNA DISCAPACIDAD O INCOMPETENCIA QUE YO PUEDA TENER, O LA MUERTE.
- ⇒ Estoy al tanto la siguiente limitación de responsabilidades adicional establecida por la ley:

#### ADVERTENCIA

Según la ley de Texas (Capítulo 87, Código de Práctica y Recursos Civiles), ningún profesional que trabaje con animales de granja será responsable por las lesiones o la muerte de un participante en actividades realizadas con animales de granja que sean el resultado de riesgos inherentes de estas actividades.

- ⇒ He firmado este documento en forma voluntaria y en consideración el acuerdo de *El Ranchito* para aceptar que el acampante a mi cargo participe en el programa de campamento elegido. Comprendo que los términos del presente son contractuales y no sólo descriptivos.

Nombre del padre o de la madre o del tutor(en letra de imprenta): \_\_\_\_\_ (firma): \_\_\_\_\_ Fecha: \_\_\_\_\_

Nombre del acampante (en letra de imprenta): \_\_\_\_\_ (firma): \_\_\_\_\_ Fecha: \_\_\_\_\_





# HEALTH FORM 2016

Full Name of Child: \_\_\_\_\_ Camp Session: \_\_\_\_\_  
Parent/Legal Guardian: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
City: \_\_\_\_\_ State/ Zip: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**\*\* Must be completed and signed by Licensed Health Practitioner \*\***

## To Physicians, Nurse Practitioners and Physician Assistants:

(Licensed Health Practitioners)

This patient has applied to attend El Ranchito, an overnight nature immersion camp. We are a primitive outdoor camp where children will be involved in daily, strenuous activities such as hiking, rock climbing, swimming, horseback riding and primitive camping. There will be no electricity or dependable refrigeration at the camp.

We want to be sure that those we select to attend El Ranchito are physically and medically fit for our camp. If any of the following situations are identified, the child *may not* be able to attend camp. Please place your initials next to any of the issues below if they apply to this child, and sign below:

- \_\_\_\_\_ 1) Requires the daily use of a nebulizer or other equipment requiring electricity.
- \_\_\_\_\_ 2) Has problems with urinary incontinence (daytime or nighttime) or urinary frequency (urinating more often than every 3 hours). Note: management of the child's condition must not be disruptive to scheduled camp activities.
- \_\_\_\_\_ 3) Has any chronic medical conditions that require close, daily adult supervision or which are poorly controlled. (e.g., allergies, bedwetting, asthma, diabetes, seizure disorders, headaches, or psychiatric disorders).
- \_\_\_\_\_ 4) Has not had a tetanus booster since January 1, 2007. Date of last tetanus booster: \_\_\_\_\_. El Ranchito follows the immunization requirements for Texas public school admittance. No immunization exemptions accepted.

Please review the medical history, complete the information on both sides, and sign and date these required camp forms:

- El Ranchito Camp HEALTH FORM 2016 (this form)
- AISD Physical and Athletic Participation Form

All forms and information will be reviewed by the camp physician prior to final admission to camp. Thank you for your assistance in making El Ranchito a healthy and safe experience for our campers.

Sincerely,

Julia R. de Wette, M.D.  
Camp Physician, El Ranchito

**\*\*Signature of Licensed Health Practitioner: \_\_\_\_\_ Date: \_\_\_\_\_**

# Medical Information

**\*\* Must be completed and signed by Licensed Health Practitioner \*\***

Notice: Children will be participating in strenuous activities that may include the following: hiking, camping, sports, swimming, kayaking, horse-back riding, trail work, backpacking, and/or rock climbing. These activities may include exposure to sun and heat, stinging and poisonous animals and plants. Please insist that parents/guardians furnish complete medical history and immunization records for exam.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Allergies (check all that apply and approximate dates if applicable):

Hay Fever \_\_\_\_\_ Penicillin \_\_\_\_\_  
Asthma \_\_\_\_\_ Other drugs: \_\_\_\_\_ Food Allergies: \_\_\_\_\_  
Poison Ivy, etc. \_\_\_\_\_ (list) \_\_\_\_\_ Other: \_\_\_\_\_  
Insect Stings \_\_\_\_\_

Give allergic responses to the above (e.g. requires Epinephrine): \_\_\_\_\_

If food allergies indicated, specific foods and description of reaction: \_\_\_\_\_

Operations / Serious Injuries / Dates: \_\_\_\_\_

History of Illnesses (Check all that apply and approximate dates if applicable):

Frequent Ear Infections \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Bleeding/Clotting Disorder \_\_\_\_\_  
Chicken Pox \_\_\_\_\_ German Measles \_\_\_\_\_ Mononucleosis \_\_\_\_\_  
Heart Defect/ Disease \_\_\_\_\_ Diabetes \_\_\_\_\_ Hypertension \_\_\_\_\_  
Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Bedwetting \_\_\_\_\_

Any other disability or chronic or recurring illness/ details of above: \_\_\_\_\_

Behavioral, Emotional or Social Disorders and prescribed medication: \_\_\_\_\_

## Medication, Treatment, or Restrictions while at El Ranchito

Special medical care or consideration is needed for child: YES ( ) NO ( ) Medication(s) to be administered:

| Medication name | Dosage | Frequency | Comments |
|-----------------|--------|-----------|----------|
|                 |        |           |          |
|                 |        |           |          |
|                 |        |           |          |

Are there any over the counter oral, topical or instilled medications that the Child should NOT receive? Please list:

Please list any special dietary restrictions required for this child:

Immunization Record Attached: YES ( ) NO ( ) State Law requires month, day, and year of all immunizations.

### Licensed Health Practitioner's Evaluation and Advice

This Child is approved for participation in the following activities (activities vary depending on camp session):

- all activities
- sports
- horseback riding
- backpacking
- hiking and camping
- swimming and kayaking
- trail work
- rock climbing

Specify any exceptions and recommendations: \_\_\_\_\_

I have reviewed the above medical history with patient and parent/guardian.

**\*\*Signature of Licensed Health Practitioner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Austin Independent School District (AISD) 2015 – 2016  
**ATHLETIC DEPARTMENT ATHLETIC PARTICIPATION FORM**

School \_\_\_\_\_

|                                                                                                                                                      |            |          |            |            |               |            |                                     |            |
|------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------|------------|------------|---------------|------------|-------------------------------------|------------|
| Last Name                                                                                                                                            | First Name | MI       | Student ID | Grade      | Date of Birth | Sex        | Sports ( List All Participating In) |            |
| Street Address (No P.O. Boxes)                                                                                                                       |            |          | City       |            |               | Zip        |                                     | Home Phone |
| Female Guardian's Name                                                                                                                               |            | Employer |            | Cell Phone |               | Work Phone | Relationship to Student             |            |
| Male Guardian's Name                                                                                                                                 |            | Employer |            | Cell Phone |               | Work Phone | Relationship to Student             |            |
| Secondary Emergency Contact Name                                                                                                                     |            |          |            | Cell Phone |               | Home Phone | Relationship to Student             |            |
| Do you have private insurance, medicaid and/or CHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify type or Company. _____ |            |          |            |            |               |            |                                     |            |

**THIS FORM MUST BE ON FILE PRIOR TO PARTICIPATION IN ANY PRACTICE, SCRIMMAGE OR CONTEST BEFORE, DURING OR AFTER SCHOOL, INCLUDING AN ATHLETIC PERIOD.**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>YES</b>               | <b>NO</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <b>YES</b>               | <b>NO</b>                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Have you had a medical illness or injury since your last check up or sports physical?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | 10. Do you have any current skin problems (for example, itching, rashes, acne, warts, fungus, or blisters)?                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you been hospitalized overnight in the past year?<br>Have you ever had surgery?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> | <input type="checkbox"/> | 11. Have you ever become ill from exercising in the heat?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever had prior testing for the heart ordered by a physician?<br>What Age? _____<br>What was the diagnosis? _____<br>Have you ever passed out during or after exercise?<br>Have you ever had chest pain during or after exercise?<br>Do you get tired more quickly than your friends do during exercise?<br>Have you ever had racing of your heart or skipped heartbeats?<br>Have you had high blood pressure or high cholesterol?<br>Have you ever been told you have a heart murmur?<br>Has any family member or relative died of heart problems or of sudden unexpected death before age 50?<br>Has any family member been diagnosed with enlarged heart, (dilated cardiomyopathy) hypertrophic cardiomyopathy, long QT syndrome, or other ion channelopathy (Brugada syndrome, etc.) Marfan's syndrome, or abnormal heart rhythm)?<br>Have you had a severe viral infection (for example, myocarditis or mononucleosis) within the last month?<br>Has a physician ever denied or restricted your participation in sports for any heart problems? | <input type="checkbox"/> | <input type="checkbox"/> | 12. Have you had any problems with your eyes or vision?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had a head injury or concussion?<br>Have you ever been knocked out, become unconscious, or lost your memory?<br>If yes, how many times? _____<br>When was the last concussion? _____<br>How severe was each one? (Explain below) _____<br>Have you ever had a seizure?<br>Do you have frequent or severe headaches?<br>Have you ever had numbness or tingling in your arms, hands, legs, or feet?<br>Have you ever had a stinger, burner, or pinched nerve?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <input type="checkbox"/> | <input type="checkbox"/> | 13. Have you ever gotten unexpectedly short of breath with exercise?<br>Have you ever been diagnosed with asthma?<br>Within the past year, have you experienced an asthma attack?<br>Are you prescribed an inhaler?                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you missing any paired organs?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | 14. Do you use any special protective or corrective equipment or devices that aren't usually used for your sport or position (for example, knee brace, special neck roll, foot orthotics, retainer on your teeth, hearing aid)?                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Are you currently under a doctor's care for a specific illness, injury or medical condition?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> | 15. Have you ever had a sprain, strain, or swelling after injury?<br>Have you broken or fractured any bones or dislocated any joints?<br>Have you had any other problems with pain or swelling in muscles, tendons, bones, or joints?<br>If yes, check appropriate box and explain below.                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you currently taking any prescription or non-prescription (over-the-counter) medication or pills?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Head <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrist <input type="checkbox"/> Thigh <input type="checkbox"/> Foot<br><input type="checkbox"/> Neck <input type="checkbox"/> Upper Arm <input type="checkbox"/> Hand <input type="checkbox"/> Knee<br><input type="checkbox"/> Back <input type="checkbox"/> Elbow <input type="checkbox"/> Finger <input type="checkbox"/> Shin/Calf<br><input type="checkbox"/> Chest <input type="checkbox"/> Forearm <input type="checkbox"/> Hip <input type="checkbox"/> Ankle | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have any allergies (for example, to pollen, medicine, food, or stinging insects)?<br>Do you have seasonal allergies that require medical treatment?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/> | <input type="checkbox"/> | 16. Are you unsatisfied with your current weight?<br>Do you lose weight regularly to meet weight requirements for your sport?                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been dizzy during or after exercise?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> | <input type="checkbox"/> | 17. Do you feel stressed out?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          | 18. Have you ever been diagnosed with or treated for sickle cell trait or sickle cell disease?                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          | 19. Do you have any other medical conditions not previously mentioned (for example, diabetes, thyroid disease, immune disorders, bleeding disorder, etc)?                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          | <b><u>FEMALES ONLY</u></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          | 20. When was your first menstrual period? _____<br>When was your most recent menstrual period? _____<br>How much time do you usually have from the start of one period to the start of another? _____<br>How many periods have you had in the last year? _____<br>What was the longest time between periods in the last year? _____                                                                                                                                                                                                                           |                          |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          | <b>Explain Yes Answers</b> in the box below ( <i>use another sheet if necessary</i> ) _____<br>_____<br>_____                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                          |                          |

**CIRCLE ALL SPORTS THE STUDENT IS ALLOWED TO PARTICIPATE IN:**

Football    Volleyball    Baseball    Wrestling    Basketball    Golf    Soccer    Softball    Tennis    Cross Country    Track & Field    Swimming & Diving

**I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct. Failure to provide truthful responses could subject the student in question to penalties determined by the UIL. Our signatures indicate we have read, understand, and agree with the entire document including the Medical History, Steroid Agreement, UIL Rules, UIL Parent Information Manual, Concussion Information, Insurance Information, and Parent Permit.**

**Student Signature:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

|                                                                                                                  |                                                                  |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| <b>This Medical History Form was reviewed by:</b><br><br>Doctor: _____<br><p align="center"><i>Signature</i></p> | School Official: _____<br><p align="center"><i>Signature</i></p> |
|------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|

**PREPARTICIPATION PHYSICAL EVALUATION – PHYSICAL EXAMINATION**

Student's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Pulse \_\_\_\_\_

|    |   |   |   |
|----|---|---|---|
| BP | / | / | / |
| %  | / | / | / |

*brachial blood pressure while sitting*

BMI % \_\_\_\_\_ % Body fat (optional) \_\_\_\_\_

Vision R 20/\_\_\_\_\_ L 20/\_\_\_\_\_ Corrected:  Y  N Pupils: Equal \_\_\_\_\_ Unequal \_\_\_\_\_

|                                                                                       | NORMAL | ABNORMAL FINDINGS | INITIALS* |
|---------------------------------------------------------------------------------------|--------|-------------------|-----------|
| <b>MEDICAL</b>                                                                        |        |                   |           |
| Appearance                                                                            |        |                   |           |
| Eyes/Ears/Nose/Throat                                                                 |        |                   |           |
| Lymph Nodes                                                                           |        |                   |           |
| Heart-Auscultation of the heart in the supine position.                               |        |                   |           |
| Heart-Auscultation of the heart in the standing position.                             |        |                   |           |
| Heart-Lower extremity pulses                                                          |        |                   |           |
| Pulses                                                                                |        |                   |           |
| Lungs                                                                                 |        |                   |           |
| Abdomen                                                                               |        |                   |           |
| Genitalia (males only)                                                                |        |                   |           |
| Skin                                                                                  |        |                   |           |
| <b>MUSCULOSKELETAL</b>                                                                |        |                   |           |
| Neck                                                                                  |        |                   |           |
| Back                                                                                  |        |                   |           |
| Shoulder/Arm                                                                          |        |                   |           |
| Elbow/Forearm                                                                         |        |                   |           |
| Wrist/Hand                                                                            |        |                   |           |
| Hip/Thigh                                                                             |        |                   |           |
| Knee                                                                                  |        |                   |           |
| Leg/Ankle                                                                             |        |                   |           |
| Foot                                                                                  |        |                   |           |
| Marfan's stigmata (arachnodactyly, pectus, excavatum, joint hypermobility, scoliosis) |        |                   |           |

**Austin ISD requires that each athlete have an annual physical dated after April 15, 2015**

**CLEARANCE**

- Cleared; Recommendations: \_\_\_\_\_
- Cleared after completing evaluation/rehabilitation for: \_\_\_\_\_
- \_\_\_\_\_
- Not cleared for: \_\_\_\_\_ Reason: \_\_\_\_\_

*The following information must be filled in and signed by either a Physician, a Physician Assistant licensed by a State Board of Physician Assistant Examiners, a Registered Nurse recognized as an Advanced Practice Nurse by the Board of Nurse Examiners, or a ~~Doctor of Chiropractic~~ \* Examination forms signed by any other health care practitioner, will not be accepted.*

Name (print/type) \_\_\_\_\_ Date of Examination: \_\_\_\_\_

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

Signature: \_\_\_\_\_ **SIGNATURE ALSO REQUIRED BELOW MEDICAL HISTORY ON FRONT OF FORM**

Must be completed before a student participates in any practice, before, during or after school, (both in-season and out-of-season) or games/matches.

\*El Ranchito requires a Physician or Registered Nurse to sign



# TEACHER RECOMMENDATION 2016

Dear Teachers: We are looking for children/youth ages 9-17 years old to participate in our summer camp sessions at El Ranchito Camp. Our mission is to connect children with the natural world by providing an extraordinarily fun and inspiring nature-immersion camping experience. We serve children and youth from low-income families, offering a week-long Nature Discovery Camp for 4th – 9th graders and a thirteen-day Conservation Corps for 10th – 12th graders.

Please be thoughtful in filling out this form so that we can ensure each of our campers is a good fit for El Ranchito, and that El Ranchito is a good fit for them. We need for our campers to be physically, emotionally, and socially ready for this outdoor primitive nature camp. Please complete this form and return to your student, or return by email or postal mail: [registration@elranchito.org](mailto:registration@elranchito.org) or El Ranchito Camp, Attn: Dianne Folkerth, c/o El Buen Samaritano, 7000 Woodhue, Austin, TX 78745.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ School: \_\_\_\_\_

Is this student on a subsidized lunch program?     YES     NO

|                               |                                                  |                                                 |                                                  |                                                       |                                                      |
|-------------------------------|--------------------------------------------------|-------------------------------------------------|--------------------------------------------------|-------------------------------------------------------|------------------------------------------------------|
| <b>Academic Performance</b>   | 1<br>Well below average                          | 2<br>Below average                              | 3<br>Average                                     | 4<br>Above average                                    | 5<br>Well above average                              |
| <b>Motivation</b>             | 1<br>Not Motivated                               | 2<br>Vacillating                                | 3<br>Usually motivated                           | 4<br>Effectively motivated                            | 5<br>Highly motivated                                |
| <b>Responsibility</b>         | 1<br>Lacks responsibility                        | 2<br>Occasionally responsible                   | 3<br>Usually responsible                         | 4<br>Consistently responsible                         | 5<br>Significant level of responsibility             |
| <b>Initiative</b>             | 1<br>Rarely initiates                            | 2<br>Sometimes initiates                        | 3<br>Often initiates                             | 4<br>Initiates and follows through                    | 5<br>Initiates and completes                         |
| <b>Cooperation</b>            | 1<br>Does not cooperate with peers or teacher    | 2<br>Moderately cooperative                     | 3<br>Usually works well with others              | 4<br>Consistently works well with others              | 5<br>Effectively contributes to group activities     |
| <b>Interaction with Peers</b> | 1<br>Negatively influences peers                 | 2<br>Rarely interacts with peers                | 3<br>Interacts with peers socially               | 4<br>Interacts with peers socially and while learning | 5<br>Positively influences socially and academically |
| <b>Behavior</b>               | 1<br>Principal has been notified of bad Behavior | 2<br>Regularly is reprimanded for poor behavior | 3<br>Rarely has been in trouble for bad behavior | 4<br>Usually makes responsible decisions              | 5<br>Always makes responsible decisions              |

Has this student ever been sent to the Principal's office, suspended from school, or recommended for Alternative Centers for Elementary Students (ACES), or had some other form of behavioral intervention? \_\_\_YES \_\_\_NO  
If yes, please explain. \_\_\_\_\_

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El Ranchito is a primitive camp—there is no running water and campers sleep in single-gender tents with peers every night. Do you think this student would adapt well to this kind of environment? \_\_\_\_\_

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Would you recommend this student to participate in El Ranchito Camp? Please explain why or why not.

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Additional comments about this student's readiness for our camp?

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Feel free to attach additional pages if you would like to include more information. This form must be submitted to El Ranchito Camp and will be added to the applicant's file before he/she can be considered for camp.

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you very much for your time and attention.

Dianne Folkerth  
Registration Director  
512-710-TENT (8368)  
registration@elranchito.org

For more information please visit us at: [www.elranchito.org](http://www.elranchito.org)