

HOW TO REGISTER FOR CAMP

- STEP 1** Carefully read the entire application. The pages marked 1 - 9 are for you to return to us. The remainder of the brochure is for you to keep.
- STEP 2** Complete the Application, Parent/Guardian Survey, and Camper Section (**Pages 1-3**) and the Parent Permission and Release (**Pages 3 - 6**).
- STEP 3** Completely fill out the Income Eligibility form (**Pages 7 & 8**).
- STEP 4** Obtain a copy of your child's current vaccination record and have it signed by a doctor or school nurse, and return it to Cross Bar X with the rest of the medical forms.
- STEP 5** Complete and sign the Health Record (**Page 9**).
- If your camper does not have insurance, write **NONE**. If you do not do this, we will consider the form incomplete and return it to you.
 - If your camper does have insurance, please include a copy of his/her insurance card (not required).
 - If your camper will not take any medications while at camp be sure to write **NONE** in the first blank. If you do not do this, we will consider the form incomplete and return it to you.
- STEP 6** Camper must have a current physical (**Page 9**).
- Physicals must be dated within 2 years of the end of your child's camp. The camp may have a physical on file from last summer. If so, please check the appropriate box on Page 8.
- STEP 7** Make sure all forms are completed and signed. Remember to **include a \$50 nonrefundable deposit** in order to reserve your spot. Mail the application and deposit to the address below. The cost for each camp is listed on the form below.
- If you are unable to complete all the forms immediately (i.e. your camper has to wait to get a physical), at least send **pages 1 through 6** and a \$50 deposit to officially reserve a spot for your camper. Send the rest of the forms as soon as they are completed.
- STEP 8** You will receive a confirmation card and additional information after we receive your paperwork, your application form and deposit. If you do not receive a confirmation within two weeks of your mailing, please contact us.

IMPORTANT NOTE!!

Camps fill up quickly! We only accept 20 to 25 campers each week unless otherwise noted. If a camp fills up, we will place you on a waiting list. Don't wait too long to register!



FIND THE CAMP THAT'S RIGHT FOR YOU!



FALCON

Ages 9-11
Boys June 13 -18
Girls June 20 - June 25

This camp is full of energy, which means we are always having fun! Even if it's your first time to go to camp, you'll be amazed at what an exciting time you'll have! You'll be making lots of friends and enjoying new experiences together. There will be fun and silly programs at night, crazy challenges to conquer as a cabin, exciting games and crafts, and all-new adventures to experience. Come ready to earn your very own mini Sword of the Spirit through scripture memorization. Learn to climb a tower, shoot a bow, and so much more! Is there any better way you could spend a week this summer?!



EAGLE

Ages 12-13
Boys: June 27 - July 2
Girls: July 11 - 16

This camp is a blast! Night games, zip lining, lake games, the blob! You name it, we got it. Join us for a fast paced week of fun at CBX. All the ropes course activities plus you will get to tackle the Giant Swing and Leap of Faith! Most importantly, you will get to hear the word of God and how God transforms you!

CONDOR



Ages 14-18
Boys: July 6 - 9
Boys: July 6 - 9
(separate trips for boys and girls)

Go deep into the backcountry of Colorado. Backpack for days in some of the most beautiful country you have ever seen. You will be carrying your own supplies, sleeping in tents, filtering drinking water, and climbing to over 12,000 ft! This is Cross Bar X's best trip and one you will never forget!

RED HAWK

Ages 14-18
Boys: July 18-23
Boys: July 25 - 30



Our most fun, challenging camp. You get to experience all the ropes course activities from 800' zip line to the Giant Swing and Leap of Faith, and many other adventures! Come prepared for some serious fun, adventure, and spiritual growth as we dig deeper into God's word than ever before. If you haven't before (or even if you have), be ready to tackle our full-size S.O.S. by memorizing all of our scripture passages for the summer. Can you handle it??



CAMPER APPLICATION

PAGE 1

RETURN THIS FORM TO CBX

Name:		Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Mailing Address:		City, State, Zip:		
Phone:		Email:		Birthday:
Age at time of camp:		Grade next fall:		To whom do you want the camp info sent? father mother other:

Father/Guardian:		Cell Phone:	
Address if different:		Employment:	
Employment Phone:		Employment Address:	

Mother/Guardian:		Cell Phone:	
Address if different:		Employment:	
Employment Phone:		Employment Address:	

In case of early or emergency dismissal for health or behavioral reasons, the following person is authorized by the parent/guardian to receive the camper if parent/guardian cannot:	Name:		Phone:	
	Relationship:			

The following person(s) are NOT authorized to pick up my child (please include address and phone if known):	
--	--

Camper is living with:	<input type="checkbox"/> both parents	<input type="checkbox"/> father	<input type="checkbox"/> mother	<input type="checkbox"/> foster home	<input type="checkbox"/> other:	
Family Demographics:	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Hispanic	<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native American	<input type="checkbox"/> other:
Camper's parents are:	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> One or both deceased	<input type="checkbox"/> other:	

2022 Camp Dates

Please check one

<input type="checkbox"/> Boys Falcon June 13 -18	<input type="checkbox"/> Boys Red Hawk, July 18 - 23
<input type="checkbox"/> Girls Falcon June 20 - June 25	<input type="checkbox"/> Girls Red Hawk, July 25 - 30
<input type="checkbox"/> Boys Eagle, June 27 - July 2	<input type="checkbox"/> Boys Condor, July 6 - 9
<input type="checkbox"/> Girls Eagle, July 11 - 16	<input type="checkbox"/> Girls Condor, July 6 - 9

First time camper?

☐ Yes ☐ No

How many years has camper attended CBX?

T-shirt size (circle one):

Youth M L
Adult M L XL XXL

Payment for Camp

See "Cost of Camp" info below

☐ Pay full cost \$200

☐ Pay subsidized cost
\$100 (must be income eligible and complete eligibility forms)

☐ Scholarship
☐ Project Angel Tree
☐ Foster Child



CAMPER APPLICATION

PAGE 2

RETURN THIS FORM TO CBX

INSURANCE INFORMATION (If none, write "NONE" or "N/A")

Individual insurance is primary.

Insurance Company:		Policy Number:	<small>Policy # is required information</small>	Insurance Phone:	
Insurance Address:					
Doctor's Name:		Clinic/Hospital:		Doctor's Phone:	
Doctor's Address:					

PARENT/GUARDIAN SURVEY

We want to determine the best way to work with your family and your child during camp and afterwards.

We are thankful for any input you may be able to provide.

Your Name: In the space provided below, tell us how you would like to see your son/daughter grow:

What do you see as the biggest challenge your child is facing right now?

Do you attend church?

☐ yes ☐ no ☐ each week ☐ sometimes ☐ seldom

If yes, where?

How would you like to see us contact/visit your child during the rest of the year?

☐ fall & winter retreats ☐ home visits ☐ phone calls ☐ cards/letters ☐ emails

☐ church ☐ one-on-one mentoring ☐ small group/Bible study ☐ other:

How did you hear about Cross Bar X?
(include individuals or organizations name)

Your Status: ☐ married parent ☐ single parent ☐ guardian ☐ other:

How can we pray for you and your family?

Is there anything else we should know about your camper?

This survey is seen only by the camp directors and your child's camp counselor. It helps us to know what our campers need in the form of encouragement, lesson topics, and possible follow-up ministry. Thank you for your time



RETURN THIS FORM TO CBX

THE MAILBOX CLUB

The Mailbox Club is an organization that helps children learn through Bible lessons by sending them to your home. They develop their lessons and mail them throughout the world. This year, Cross Bar X has been given the opportunity for your child(ren) to participate in these lessons. If you wish to participate, please check the box below:

☐ Yes, I would like to subscribe ☐ No, I would not like to subscribe

PARENT PERMISSION AND RELEASE

ACKNOWLEDGEMENT & ASSUMPTION OF RISKS

Acknowledgement & Assumption of Risks

Cross Bar X Youth Ranch and its owners, officers, directors, volunteers, agents, employees, counselors, and guides (collectively, "Cross Bar X") allows campers to participate from time to time in numerous adventure experiences on and off the Cross Bar X Youth Ranch premises, including but not limited to camping, hiking, and backpacking; rock climbing, bouldering, and rappelling, participating in high and low ropes courses, and zip lining; peak climbing and mountaineering; rafting, canoeing, kayaking, and water tubing on white water streams and rivers; fishing; swimming in a natural spring fed lake and other recreation in the lake area including but not limited to the use of rope swings and water trampolines; horseback riding; mountain biking; cross-country skiing, snowshoeing, and snow tubing; handling and firing BB guns; engaging in indoor and outdoor games and individual and team sports including but not limited to broomball, both during daylight hours and at night; participating in other recreational activities in an outdoor setting, including but not limited to archery and activities involving campfires; participating in chores and service activities including but not limited to cleaning Cross Bar X Youth Ranch facilities and caring for livestock and animals; participating in skills classes including cooking, carpentry, knitting, automobile repair, and fitness; utilizing transportation to and from off-site activities; and other activities common to a youth camp, summer camp, or adventure experience or setting.

I recognize that there are significant risks inherent to each of these activities, including but not limited to the risk of bodily injury, illness, death, damage or loss to person or property which may result from surface, subsurface, and underwater hazards in areas where these activities occur such as hidden rocks or other obstructions, water currents, snow conditions, and variations in steepness or terrain; severe weather including lightning storms, snow storms, and extreme temperatures; collisions with or impacts from other participants or natural or manmade objects; equipment failure; falls from heights; exposure to livestock and animals maintained by Cross Bar X as well as wild animals, aquatic life, bacteria, viruses, insects and bugs; unpredictable animal behavior; exposure to cleaning chemicals, power tools, and other items routinely used in the camp setting for cleaning and repair; physically demanding tasks; traffic hazards; the potential of participants to act in a negligent or unpredictable manner that may contribute to injury to that participant or to others, such as failing to maintain control over equipment or tools or not acting within the participant's abilities; and other hazards. I understand that persons

Guardian Initial:

Camper Initial:

Continued on next page.



RETURN THIS FORM TO CBX

with certain medical conditions should not participate in these activities without the advice of a physician. I acknowledge that a complete listing of risks is not possible, and that risks may exist that cannot be anticipated. I understand that supervision by Cross Bar X may not be provided at all times.

I also acknowledge that Cross Bar X uses its best judgment in determining how to react to circumstances present in these activities, including the risks associated with natural and manmade conditions, animal behavior, and a participant's abilities, but may misjudge such circumstances.

Also, I acknowledge that equipment used in these activities may break, fail, or malfunction, despite reasonable maintenance and use. Some of the equipment used in these activities may inflict injuries even when used as intended.

I understand that participation in these activities is not required. Knowing these risks, I authorize participation by myself and my child in each of the activities identified above and below, and assume responsibility for myself and my child for any and all bodily injury, illness, death, damage to or loss of personal property, and all expenses thereof, which may occur as a result of participation in such activities.

Equestrian Activities

WARNING: Under Colorado law, a person instructing participants or providing horses and other equines for riding is not responsible for an injury to or the death resulting from the inherent risk of equine activities pursuant to section 13-21-119, Colorado Revised Statutes. "Inherent risks of equine activities" are those dangers or conditions which are an integral part of equine activities, including but not limited to: (1) the likelihood of the animal to behave in ways that may result in injury, harm, or death to persons on or around them, (2) the unpredictability of the animal's reaction to sounds, sudden movement, and unfamiliar objects, persons, or other animals, (3) hazards including the surface and subsurface conditions of property where equine activities occur, (4) collisions with other animals or objects, and (5) the potential of a participant to act in a negligent manner that may contribute to injury to that participant or to others, such as failing to maintain control over the animal or not acting within the participant's ability.

I recognize that there are significant risks inherent to horseback riding, the handling of horses, and other equine activities. I also acknowledge that Cross Bar X uses its best judgment in determining how to react to circumstances present in equine activities, including an animal's character and a participant's abilities, but may misjudge such circumstances.

I understand that all participants should wear protective headgear such as a riding helmet because the wearing of such headgear while mounting, riding, dismounting, and otherwise being around horses, may (but will not in all cases) prevent or reduce the severity of some head injuries, and that Cross Bar X requires such protective headgear for riders under the age of 18.

I understand that participation in equine activities is not required. Knowing these risks, I authorize participation by myself and my child in the handling and riding of horses and other equine activities, and assume responsibility for myself and my child for any and all bodily injury, illness, death, damage to or loss of personal property, and all expenses thereof, which may occur as a result of participation in such activities.

Guardian
Initial:

Camper
Initial:

Continued on
next page.



Ropes Course Activities

I recognize that there are significant risks inherent to participating in rock climbing, bouldering, and rappelling or traveling to sites where such activities are conducted (collectively, the "Ropes Course Program"). I understand that persons with certain medical conditions should not participate in the Ropes Course Program without the advice of a physician.

I also acknowledge that Cross Bar X uses its best judgment in determining how to react to circumstances present in the Ropes Course Program, including physical hazards and a participant's abilities, but may misjudge such circumstances.

I understand that participation in the Ropes Course Program is not required.

PLEASE READ CAREFULLY BEFORE SIGNING. THIS DOCUMENT INCLUDES A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.

I, as parent or legal guardian of my son/daughter/ward ("Child"), have examined the program that Cross Bar X Youth Ranch ("Cross Bar X") offers and I understand that an important part of the program is my Child's participation in Bible study and church attendance. I encourage such participation. I authorize my Child to participate in numerous adventure experiences on and off the Cross Bar X Youth Ranch premises, including but not limited to camping, hiking, and backpacking; rock climbing, bouldering, and rappelling, participating in high and low ropes courses, and zip lining; peak climbing and mountaineering; rafting, canoeing, kayaking, and water tubing on white water streams and rivers; fishing; swimming in a natural spring fed lake and other recreation in the lake area including but not limited to the use of rope swings and water trampolines; horseback riding; mountain biking; cross-country skiing, snowshoeing, and snow tubing; handling and firing BB guns; engaging in indoor and outdoor games and individual and team sports including but not limited to broomball, both during daylight hours and at night; participating in other recreational activities in an outdoor setting, including but not limited to archery and activities involving campfires; participating in chores and service activities including but not limited to cleaning Cross Bar X Youth Ranch facilities and caring for livestock and animals; participating in skills classes including cooking, carpentry, knitting, automobile repair, and fitness; utilizing transportation to and from off-site activities; and other activities common to a youth camp, summer camp, or adventure experience or setting.

I will provide medical insurance for my Child for the entire period while at Cross Bar X. Authority is granted without limitation to Cross Bar X, its directors, employees and agents in all medical matters to hospitalize, treat, and order injection, anesthesia, and/or surgery for my Child. I am responsible for advising/providing to Cross Bar X, its directors, employees and agents all pre-existing medical conditions of my Child, out-of-camp medical, surgical, hospital, pharmaceutical, allergy expenses and for providing adequate quantities of necessary medications and allergy serums to Cross Bar X in pharmacy containers with doctor's instructions. I hereby state that my Child is in good, normal health and has no abnormal physical, emotional or mental handicaps. I understand that Cross Bar X does not provide secondary accident insurance. I understand that I assume full financial responsibility for any medical treatment rendered for myself, or for my Child. I therefore represent that I have and the

**Guardian
Initial:**

**Camper
Initial:**

Continued on
next page.



CAMPER APPLICATION

PAGE 6

RETURN THIS FORM TO CBX

Child have, adequate health, disability and life insurance, or I have made adequate alternate arrangements for myself and my Child to cover any such expenses.

In consideration of the right to participate in Cross Bar X Youth Ranch activities, I release and agree not to sue Cross Bar X for any and all claims, actions, demands, damages, causes of action or suits of any kind or nature whatsoever ("Claims") which may be asserted by or on behalf of myself or my child have as a result of bodily injury, illness, death, damage or loss to person or property which may result from participation in any activity carried out at or by Cross Bar X, including the Equestrian and Ropes Course Programs, whether or not caused by the negligence of Cross Bar X. In addition, I agree to indemnify, defend, and hold Cross Bar X harmless from and against any and all liability, loss or damage Cross Bar X may suffer as a result of Claims which may be asserted against Cross Bar X arising out of the activities carried out at Cross Bar X Youth Ranch or by Cross Bar X.

I hereby give Cross Bar X and its representatives and agents absolute permission to use photographs, video-tapes and other images, quotations from comment/evaluation forms and voice reproductions of me, or my Child, for any purpose and media, and waive any proprietary, personal or other right to inspect and pre-approve such use. I, on behalf of myself or my Child, also release and hold Cross Bar X and its representatives and agents harmless from any and all claims of blurring or distortion or alteration of such images or voice, whether intentional or otherwise.

I have had a chance to ask questions and seek advice before signing this document.

PARENT/GUARDIAN:
(SIGNATURE REQUIRED)

Date:

*****I authorize my child to participate in all camp activities except the following** (Please clearly note any activity in which your child MAY NOT participate in):

CAMPER:

If I attend Cross Bar X Youth Ranch, I agree to the following:

1. I will participate in all activities such as games, sports, lessons, work/chores, and attending church.
2. I will not bring contraband, including valuables, alcohol, tobacco, weapons, electronics, or drugs.
3. I will obey all camp rules and regulations.
4. I will participate in worship sessions and be attentive during Bible lessons

CAMPER:
(SIGNATURE REQUIRED)

Date:



INCOME ELIGIBILITY FORM

PAGE 7

RETURN THIS FORM TO CBX

This information is only required for subsidized camp enrollment. You do not need to fill this out if you are paying the full cost of camp.

PART 1 — CHILDREN ENROLLED IN CAMP

Names (First, Middle Initial, Last)

Foster Child?

Does this child qualify
for the discounted or free
school lunch program?

1.		<input type="checkbox"/>	<input type="checkbox"/>
2.		<input type="checkbox"/>	<input type="checkbox"/>
3.		<input type="checkbox"/>	<input type="checkbox"/>
4.		<input type="checkbox"/>	<input type="checkbox"/>
5.		<input type="checkbox"/>	<input type="checkbox"/>
6.		<input type="checkbox"/>	<input type="checkbox"/>
7.		<input type="checkbox"/>	<input type="checkbox"/>

SNAP, TANF, or FDPIR case # (if any):

PART 2 — TOTAL HOUSEHOLD GROSS INCOME

Names (List everyone in
household including children)

Gross income and how often it was received (weekly,
every two weeks, twice a month, monthly, annually)

	Earnings from work before deductions	Welfare, child support, alimony	Social Security, pen- sions, retirement	All other income	Check if no income
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>



INCOME ELIGIBILITY FORM

PAGE 8

RETURN THIS FORM TO CBX

PART 3 — SIGNATURE AND SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign this form and also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.

I certify that all information on this form is true and that all income is reported. I understand that this information is being given so that Cross Bar X can receive federal funds. I understand that SFSP officials may verify the information. I understand that if I purposely give false information, the participant receiving aide may lose the benefits, and I may be prosecuted.

Sign Here:

X

Print
Name:

Date:

Address:

Phone:

Last four digits of
Social Security Number:

☐ I do not have a Social Security Number

INCOME ELIGIBILITY FORM INFORMATION

Cross Bar X Youth Ranch receives federal funding to provide quality meals at its summer program. Any LOW INCOME camper who provides the information requested on the Income Eligibility Form helps Cross Bar X continue to provide affordable camps and quality food! Thank you for taking time to fill out this form. To learn more about the funding Cross Bar X receives, please see below.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

USDA Nondiscrimination Statement – English

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form.

To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights; 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.



CAMPER PHYSICAL AND HEALTH RECORD

PAGE 9

RETURN THIS FORM TO CBX

PHYSICAL EXAMINATION

Every camper is required to have a physical completed by a medical professional and dated within 2 years of the end date of his/her camp. Cross Bar X keeps camper physicals on file for at least two years. If you think we have a current physical on file, please contact us to confirm that we do have one on file. If we do not have a current physical on file, have your medical personnel fill out and sign this form. If your doctor uses a separate form, make sure the information asked for below is included on that form.

Camper Name: Gender: M F Age: Height: Weight:

CAMPER'S OVERALL HEALTH

☐ Good ☐ Fair ☐ Special conditions (please list below)

List any physical, psychological, or other concerns that may effect this child's ability to participate in camp:

Special diet or food intolerances:

Circle all that pertain to this camper: asthma diabetes frequent ear infections headaches seizures

diarrhea constipation bed-wetting sleepwalking other:

List any other concerns:

MEDICATION LIST (If none, write N/A)

MEDICATION POLICY: If your child will be taking medications at the time of camp, it is important that you adhere to following policy: ALL medications MUST be turned into the camp nurse at the time of check-in. By state regulations, campers cannot keep any medications with them (with exception to some inhalers). The camp nurse will make sure the camper takes the prescribed dosages at the proper times.

Bring enough medication to last the entire time at camp. Keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, dosage, and the frequency of administration. Do not put pills in baggies/pill boxes. We must give the dosages as prescribed. If the dosage has been changed, make sure you bring a written doctor's prescription that gives the adjusted dosage. List all medications, including over-the-counter, that the camper will be taking at the time of camp. If your child will not take medications, write N/A on the first line.

Medication	Purpose	Dosage	Time of Day
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Allergies and medications

List any food allergies:

List any environmental allergies:

List any allergies to medications:

Other allergies or pertinent medical history:

EXAMINER (Physician, physician's assistant, or nurse practitioner)

Print Name:	<input type="text"/>	Title:	<input type="text"/>	Date:	<input type="text"/>
Signature:	<input type="text"/>	Clinic/Hospital:	<input type="text"/>		
Address:	<input type="text"/>			Phone:	<input type="text"/>

Parent/Guardian Signature:

Date:

I authorize Cross Bar X to access my child's online vaccination record through the CIIS (Colorado Immunization Information System).

Parent/Guardian Signature:

Date:

Cross Bar X Youth Ranch
2111 County Road 222
Durango, CO 81301

Office: 970-259-2716

<https://www.crossbarx.org>
theranch@crossbarx.org



VACCINATION RECORD

Must be filled out annually. A Colorado Certificate of Immunization is attached at the end of this section.

The following nonprescription medications may be stocked in the camp health center and administered by certified Cross Bar X Staff members as needed to manage illness and injury. **Cross out those the camper should NOT be given:**

Allergy Eye Drops
Benadryl (diphenhydramine)
Caladryl Lotion (relieves itching)
Claritin
Cough Drops
Topical Lidocaine 2% (anesthetic)
Triple Antibiotic Ointment
Tylenol (acetaminophen)
Tums
Vitamin C Chewable Tablets
Hydrocortisone Cream
Hydrogen Peroxide
Ibuprophen
Immodium AD (anti-diarrheal)
Maalox
Dulcolax (laxative)
Epinephrine (in case of a lifethreatening allergic reaction)
Milk of Magnesia
Simethicone (gas relief)
Sunscreen

COLORADO CERTIFICATE OF IMMUNIZATION

www.coloradoimmunizations.com



COLORADO
Department of Public
Health & Environment

This form is to be completed by a health care provider (physician (MD, DO), advanced practice nurse (APN) or delegated physician's assistant (PA)) or school health authority. School required immunizations follow the ACIP schedule. Note: Final doses of DTaP, IPV, MMR and Varicella are required prior to kindergarten entry. Tdap is required at 6th grade entry.

Student Name: _____

Date of birth: _____

Parent/guardian: _____

Required vaccines

Immunization date(s) MM/DD/YY

Titer date*
MM/DD/YY

Hep B Hepatitis B							
DTaP Diphtheria, Tetanus, Pertussis (pediatric)							
Tdap Tetanus, Diphtheria, Pertussis							
Td Tetanus, Diphtheria							
Hib <i>Haemophilus influenzae</i> type b							
IPV/OPV Polio							
PCV Pneumococcal Conjugate							
MMR Measles, Mumps, Rubella							
Measles							
Mumps							
Rubella							
Varicella Chickenpox							

Varicella - date of disease		Varicella - positive screen date	
-----------------------------	--	----------------------------------	--

*A positive laboratory titer report must be provided to the school to document immunity.

*The shaded area under "Titer date" indicates that a titer is not acceptable proof of immunity for this vaccine.

Recommended vaccines

Immunization date(s) MM/DD/YY

HPV Human Papillomavirus							
Rota Rotavirus							
MCV4/MPSV4 Meningococcal							
Men B Meningococcal							
Hep A Hepatitis A							
Flu Influenza							
Other							

Health care provider signature or stamp: _____ Date: _____

Student is current on required immunizations for age (circle one): Yes No

OR

Immunization record transcribed/reviewed by school health authority:

School health authority signature or stamp: _____ Date: _____

Statement of Exemption to Immunization Law

Medical Exemption: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.

SIGNED:
(Physician)

Date:

Religious or Personal Exemption: Parent or Guardian of the above named person or the person himself/herself is an adherent to a religious belief or is personally opposed to immunizations.

SIGNED:
(Parent/
Guardian,
emancipated student/consenting minor)

Date: