



SUMMER CAMP APPLICATION CHECKLIST:

To ensure your application is complete for review, please submit the following pieces for each individual application for summer camp.

If you have any questions, feel free to reach out to the camper recruiter at camperrecruiter@roundupriverranch.org or at 970.524.5713.

New families: to start an application, [click here](#). **Returning families:** login to your account by [clicking here](#).

Enrollment Page

- Select which session is appropriate for your applicant under "Summer Camp - Camper Application"
- Complete all questions on the following page, "Enrollment Questions"

Forms Page

Mandatory Forms

- Camp Consent Waivers
- Specialty Provider(s) Clinic Notes *OR* Physical Exam (if no specialist)
 - **Please note:** This would be a print out of their most recent visit(s) within a year of the camp session, and provides details on all their current health conditions. This note must be from your physician(s)/provider(s), not a visit summary from your online account with your clinic.
- Colorado State Immunizations
 - **Please note:** A Colorado State Immunization Form is required for this application, not a list of immunizations in any other format. Your provider should be able to transfer to the form in the Parent Dashboard – based on our licensing, it must be on the Colorado State Form.
- Flu Vaccine
- Illness-Specific Forms
 - Some sessions serve multiple diagnoses. You are only required to submit the form(s) that are applicable to your child. For example, if there are forms for both Heart Disease and Heart Transplant, and your child only has a Heart Disease – the Heart Disease form is the only one that's required.
- Behavioral Support
- Accommodations and Considerations
- Health History Form
- Medications, Vitamins and Supplements (Summer Camp only)
- Session's Transportation Form

Additional Forms (if applicable – these may appear based on answers to questions in "Mandatory Forms")

- Day in the Life (Summer Camp Applicants Only)
- Anaphylaxis Action Plan
- Asthma Action Plan
- Asthma/Lung Disease Form
- Seizure Action Plan
- Seizure Form
- CV Catheter Form
- IV Infusion Form
- Type I Diabetes Form
- Service Dog
- IEP/BIP Upload