

July 9, 10, 11' 2018

# RODEO BIBLE CAMP

Copper Spring Ranch (406) 585- 7008

Name (Last, First, Middle Initial) \_\_\_\_\_

Phone numbers which you can be reached \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Birthdate (M/D/Y) \_\_\_\_\_ Male Female (Circle One)

Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

Instruction is available in multiple events if requested. Place a "1" by your first choice, a "2" by your second choice, if you wish to compete in multiple events.

## EVENT DECLARATION

\_\_\_\_\_ Barrel Racing

\_\_\_\_\_ Steer Wrestling

\_\_\_\_\_ Goat Tying

\_\_\_\_\_ Tie Down Roping

\_\_\_\_\_ Breakaway Roping

\_\_\_\_\_ Team Roping Heading

\_\_\_\_\_ Team Roping Heeling

\_\_\_\_\_ \$300 Registration Fee, check enclosed. Registration fee is refundable up until July 1, 2018. Stalls and hookups are included in the camp fee. (\$150 for additional FAMILY members that would like to participate in camp – Each camper fills out own registration form)

CSR Provides chaperoned sleeping accommodations in the "Lighthouse" We suggest bringing an air mattress/sleeping bag. Campers can stay in their trailers, ONLY if parent/guardian is present

Are you staying on site? YES NO (Circle One)

Are you staying in your trailer? YES NO (Circle One) If Yes, please provide name and phone number of adult accompanying you.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Staying Offsite:

Address \_\_\_\_\_

Contact Name & Phone \_\_\_\_\_

## MEDICAL INFORMATION OF CAMPER

Do you have or have you had any injuries in the last six months? YES NO (Circle One)

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you taking any medication prescribed by a physician? YES NO ( Circle One)

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Have you had seizures? YES NO Most Recent occurrence: \_\_\_\_\_

Circle ANY allergies: Hay Fever Insect Sting/bite Penicillin Asthma Other \_\_\_\_\_

List any other helpful medical information that will assist us. Please also list any food allergies

\_\_\_\_\_

\_\_\_\_\_

## HORSE CARE

Campers are responsible for feeding/watering/and caring for their horse! Please don't forget your feed!

For each horse please provide:

\_\_\_ Current proof of Negative Coggins (Valid within the date of your papers)

\_\_\_ Health certificate within 30 days ONLY if out of state

# LEGAL RELEASE AND AGREEMENT

## COPPER SPRING RANCH RODEO BIBLE CAMP

Parent or legal guardian must sign if participant is a minor under the law of the state of residence and/or a student. The "I" in the following release refers to the camper and his or her family.

1. Release and agreement not to sue. In consideration of being allowed to ride and participate in CSR Rodeo Bible Camp, I, and my heirs, successors, personal representatives and next of kin, hereby release, waive, discharge and agree to hold harmless and indemnify all persons involved with Copper Spring Ranch operations or camp instructors, their agents, and representatives ( Collectively the "Releasees"), from all liability to me and my personal representatives, heirs, successors, and next of kin from all claims and liability for all loss of damage and any claim of damages therefore on account of any injury to my person including death or damage to my property while I am utilizing the facilities or participating in any events.
2. I hereby represent to the Releasees that I understand that there are certain risks of serious injury and death inherent in participating in horseback riding, any related activities and any other rodeo type events. I realize conditions of the arena change from time to time and may become more hazardous, that rodeo animals are dangerous and unpredictable and there is inherent danger in any riding, and roping event, which I appreciate and voluntarily assume because I choose to participate in such events.

This health form release and legal release must be signed by parent or legal guardian if under 18 and sent to camp with registration. This health history is correct as far as I know. In case I cannot be reached, I hereby give permission to medical personnel with proper credentials to give emergency treatment to:

Campers Name \_\_\_\_\_

Campers Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature (If under 18) \_\_\_\_\_ Date \_\_\_\_\_

Mail form with \$300 Registration fee to:

Copper Spring Ranch – Bible Camp

601 South Pine Butte Road

Bozeman, MT 59718

(Additional family participating is \$150, please fill out individual forms for each camper)

Scholarships are available, please send us a letter requesting assistance.