

Parent Questionnaire – Summer 2011

*We are anxious to have participants come to the ranch who want to be there. Please do not pressure your child in any way to complete this application. Please complete and send this form, a recent photo, a current tetanus shot, insurance card photocopy, a liability waiver, Parents' Agreement and Affidavit and a recent Doctor's Affidavit to **Birch Creek Service Ranch, POBox 423, Spring City, Utah 84662 before March 15, 2011** along with a deposit check in the amount of \$100 made payable to the "Birch Creek Service Ranch." If the application is accepted the rest of the fee is due in full no later than May 1st. The total fee for the boys session is \$1500; for the girls session it's \$1200. Your deposit will be refunded if the application is not accepted, however if you cancel, you agree to forfeit your deposit. Only complete applications will be considered. Please be sure to fill in all of the boxes on the checklist at the bottom of the Camper Application to ensure completeness.*

Parent's Name:

Parent's Name:

Child's Name:

Will you need financial assistance with tuition? If so, how much?

Will your child require free transportation between Salt Lake City and the Ranch?

Do you authorize your child to participate in rock climbing and rappelling?

Why are you interested in having your child participate in the Birch Creek Ranch program, and what do you hope he/she will gain from the experience?

How would you characterize your current relationship with your child?

Is there any additional important information to be considered in evaluating your child's application?

Please provide information regarding your child's health as requested below:

– General health:

– Major illnesses:

– Past injuries:

Treatment for A.D.D., depression, anxiety, or eating disorders (specify):

Please describe any limitations to your child's physical activity:

Do you have health insurance that will cover your child while at the ranch?

Medical insurance carrier

Policy Number

Carrier's address

Carrier's phone

Name of employer providing insurance (MM/DD/YY)

Insured employee's name Parent date of birth

****Please attach a photocopy of your insurance card.***

How did you hear about the ranch?

Names and ages of brothers and sisters: