

Durango Mountain Camp

Please Attach a Photo Here



Application For Admission

Name of camper: _____

Date of birth: _____ Age as of June 15, 2012

Home address: _____

City: _____ State: _____ Zip: _____

Phone: _____ e-mail: _____

Name of father: _____ Occupation: _____

Home address: _____

City: _____ State: _____ Zip

Home phone: _____ Work phone: _____ e-mail: _____

Name of mother: _____ Occupation: _____

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Work phone: _____ e-mail: _____

Names and ages of siblings: _____

Educational Information

Present school: _____ *Grade:* _____

Address: _____ *Phone:* _____

Principal: _____ *Dates attended:* _____

Who referred you to come? _____

Most recent tutor: _____ *Phone:* _____

Medical Information

Camper's physician: _____ *Phone:* _____

Address: _____

Any serious illnesses/injuries? _____

Any current medical conditions? _____

Any current medications? _____

Any psychological or emotional conditions that you would like us to know about? _____

Dietary restrictions: _____

Camper's Height: _____ *Weight:* _____

Identifying marks: _____

Emergency Contact Info (if parents cannot be reached)

Name: _____

Relationship: _____ *Phone Number:* _____

Social Information – Please explain in full. Use additional pages if necessary.

Has your child been away from home for any length of time? Homesickness? _____

What group or individual activities does your child enjoy? _____

Is there any history of behavioral difficulty with family, peers, or in the academic setting? _____

What are your child's chief strengths? _____

What are your child's areas of greatest needs? _____

Parents, please write a brief statement of what you expect from this summer involvement:

Campers, please write a brief statement of what you expect from this summer involvement:

Co-Curricular Activity Emphasis

Durango Mountain Camp features six “major focus” outdoor activities including ***Kayaking, Horsemanship, Mountain Biking, Outdoor Skills, Climbing, Scuba***. Each of these activities will last @ 1 - 2 weeks. Campers may choose up to 3 of these 6 activities. If a camper has a specific strong interest, the camper may elect to choose just 1 or 2 activities and participate in that activity for a longer length of time. Please note that campers will be able to revise their choices during the first few days of camp, once these activities are explained to them in more detail.

Camper's first activity choice: _____ For how long? _____

Camper's second activity choice: _____ For how long? _____

Camper's third activity choice: _____ For how long?

What is your child's T-Shirt size? _____

Please enclose a copy of your child's latest diagnostic testing and test scores.

Please send this completed application with a \$100 processing fee to:
Durango Mountain Camp
44000 Hwy 550 N.
Durango, CO 81301
970-385-1778

Any Additional Comments?

Parent Signature: _____ Date: _____

Thank you for your time and effort with this application.

Durango Mountain Camp 44000 Hwy 550 Durango, CO 81301 970-385-1778
info@durangomountaincamp.com