

SKY MOUNTAIN RANCH

Boys Session Application

This application is to be filled out by the applicant himself.

Please check which sessions you are applying for:

☐ **1st Session: July 17 – 26, 2025**

Directors: Erik & Julia Jacobsen

☐ **2nd Session: July 31 – August 9, 2025**

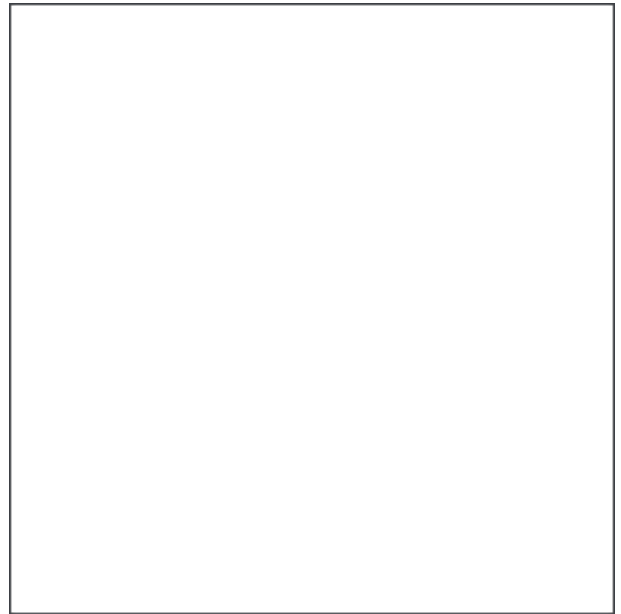
Directors: David & Dawn Pulsipher

If you are applying to both sessions, you may indicate your preferred session here: _____

Name: _____

Birth Date: _____ Grade: _____

Must be at least 13 but not older than 16 as of the first day of the session.



Attach a recent color photograph of your face in this space (no staples)

Address: _____ City: _____ State & ZIP: _____

Email: _____ Cell Phone: _____

School: _____ Height: _____

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Mother's Email: _____ Father's Email: _____

Names and ages of brothers and sisters: _____

Who else do you know who is applying to Sky Mountain? _____

What is the name of the person who told you about Sky Mountain? _____

What would you like to learn while you are at Sky Mountain? _____

What activities do you participate in regularly? _____

Please fill out all pages completely

[illegible]

CAMPER SERVICE PROJECT REPORT

A personal community service project is required for all applicants. The project must be completed **before** you submit your application. It must be for someone outside your immediate family. We hope that you have a personal focus on service to your community and that you will come with many experiences of service and a giving heart.

Please describe the service project you participated in: _____

On what dates did this project occur? _____

How many people were involved in providing the service? _____

How many people were involved in the project as recipients? _____

What was your personal role in the project? _____

How did this experience affect you? _____

PERSONAL STATEMENT

Is there anything else you would like us to know about you? _____

Please read the following statement carefully before you sign it.

I have filled out this application myself, and I am applying because I want to, not because my parents or anyone else is pressuring me to. I will comply with all of the requirements of the Sky Mountain program, which includes being without any kind of electronic equipment. I plan to attend for the full session, with no late arrival or early departure.

Camper's Signature: _____ Date: _____

The deadline for this application is 31 January 2025. The hard copy must be in our hands by that date. Mail your application materials (please don't use staples), including (1) **This Form**, (2) the **Personal Statement**, (3) the **Terms and Conditions** agreement, (4) the **Medical Form** (Physician's Confirmation section can be on a separate physical signed within the last 18 months), and (5) a photocopy of your **Insurance Card** to the following address:

The Jacobsens, 2431 Parker Court, Mountain View, CA 94043

MINOR-AGE PARTICIPANT HEALTH AND MEDICAL RECORD

QUICKWATER/SKY MOUNTAIN RANCH

NAME _____ Date of Birth _____ Age _____ Sex _____

Names of parents or guardian _____

Home Phone () _____ Cell Phone () _____ Work Phone () _____

Emergency Contact Name _____ Phone number () _____

Name of personal physician _____ Phone number () _____

Personal health/accident insurance carrier _____ Policy number _____

PLEASE ATTACH A PHOTOCOPY OF YOUR INSURANCE CARD

GENERAL HEALTH INFORMATION

PLEASE CHECK ALL ITEMS THAT APPLY, PAST OR PRESENT, TO YOUR HEALTH HISTORY. EXPLAIN AS REQUIRED.

ALLERGIES: Food, insect stings, drugs, plants Yes ☐ No ☐ Explain: _____

Participate in an IEP or have accommodations at school Yes ☐ No ☐ Explain: _____

MEDICAL HISTORY	Yes	No		Yes	No		Yes	No
ADHD or ADD	<input type="checkbox"/>	<input type="checkbox"/>	Convulsions/seizures	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder	<input type="checkbox"/>	<input type="checkbox"/>	Drug or alcohol problems	<input type="checkbox"/>	<input type="checkbox"/>
Chronic, recurring illness	<input type="checkbox"/>	<input type="checkbox"/>	Frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>	Other types of problems	<input type="checkbox"/>	<input type="checkbox"/>

Explain any "yes" answer checked above: _____

MEDICATIONS: List all medications taken at any time in the 30 days prior to arrival at the ranches: _____

List any MEDICATIONS TO BE TAKEN WHILE AT THE RANCH, including drug, dosage, route (oral, injection, etc), and frequency: _____

ANY MEDICATION BROUGHT TO THE RANCH MUST COME IN THE ORIGINAL CONTAINER WITH BOTH USAGE AND DOSAGE CLEARLY PRINTED ON THE LABEL

RESTRICTIONS: List any conditions and restrictions that will limit full participation in backpacking, farm/ranch work, hiking long distances, or playing strenuous physical games: _____

List any special equipment you will bring (inhaler, insulin syringe, etc): _____

List any special diet restrictions: _____

IMMUNIZATION RECORD:

Tetanus	_____	Mumps	_____	Polio	_____
DTP	_____	Measles	_____	Varicella	_____
Hepatitis A	_____	Rubella	_____	or Chicken pox	_____
Hepatitis B	_____	MMR	_____		_____

PHYSICAL EXAM AND PHYSICIAN'S CONFIRMATION

The applicant will be participating in strenuous activity that will include one or more of the following conditions: athletic competition, farm/ranch type work, hiking and/or backpacking that may be at high altitude.

PLEASE INSIST THAT COMPLETE MEDICAL INFORMATION AND HISTORY BE FILLED OUT ABOVE BEFORE THE EXAM

Date of exam _____

Height _____

Weight _____

Blood pressure _____

Pulse _____ / _____

CHECK BOX IF NORMAL; CIRCLE IF ABNORMAL AND GIVE DETAILED DESCRIPTION BELOW

☐ Growth, development

☐ Teeth, tonsils

☐ Genitourinary

☐ Skin, glands, hair

☐ Respiratory

☐ Skeletomuscular

☐ Head, neck, thyroid

☐ Cardiovascular

☐ Neuropsychiatric

☐ Eyes, ears, nose

☐ Abdomen, hernia

☐ Other (specify)

DESCRIPTION OF ANY ABNORMAL FINDINGS: _____

RECOMMENDATIONS, LIMITATIONS AND RESTRICTIONS: _____

PHYSICIAN'S CONFIRMATION

I have examined the person herein described, reviewed his or her health history and medical information. It is my opinion that he or she is physically able to engage in all of the Quickwater/Sky Mountain Ranch programs and activities, except as noted above.

Date _____

Examining physician's signature _____

Examining physician's name (please print) _____

Address _____ City _____ State _____ ZIP _____

Phone number _____

TERMS AND CONDITIONS

Quickwater/Sky Mountain Ranch

The purpose of the Ranch programs and activities is to provide teenage young men and women the opportunity to develop leadership skills, build self reliance, reinforce faith, and strengthen relationship skills. The programs are designed for healthy young women and men in stable emotional health. The Ranch programs are not rehabilitation programs for troubled teenagers, and cannot accommodate those with severe emotional or behavioral problems, nor can they accommodate those with drug or alcohol problems, or eating disorders. **By signing below you represent that your son or daughter meets all of these requirements. If your son or daughter has now or has had in the past any of these problems we require an additional letter of explanation before acceptance of your son or daughter will be considered.**

These are not church-sponsored programs. All denominations are welcome; however, the Ranch programs are run by members of The Church of Jesus Christ of Latter-day Saints, and they all have a spiritual emphasis. Those who attend participate in prayers and religious discussions, and attend church together on Sundays.

In order for participants to receive the maximum benefit from the Ranch experience, it is important that they participate by their own free choice. Please do not exert any form of coercion to motivate your son or daughter to become involved in these programs.

It is essential that each participant attend the full session; accordingly no late arrivals or early departures will be accepted.

We require that participants not have with them any form of electronic equipment, such as cell phones, games, iPods, etc. Cameras that are not part of a cell phone are allowed. If your son or daughter cannot comply with these requirements, please leave space for someone who is willing to make these commitments.

Understanding and accepting all of the above, we, the parents or legal guardians of _____ hereby give our consent and permission for full participation of our son or daughter in all Quickwater/Sky Mountain Ranch (Ranch) programs and activities, and by doing so to become a member of the Ranch Association while at the Ranch. The Ranch as referred to herein specifically includes the California Family Foundation (Foundation), Prometierra LLC, and any employees, officers, directors, agents, and/or volunteers of the Ranch, Foundation, or Prometierra and those from whom they lease or borrow livestock.

In the event of illness or injury, we hereby give our permission to the licensed health-care practitioner selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for our son or daughter. We agree to be financially responsible for the costs of all such care, treatment and medications.

As lawful consideration for our son or daughter being permitted to attend the Ranch and participate in Ranch programs and activities we hereby agree that we, our son or daughter, our heirs, personal representatives, and assigns will not make a claim against or sue the Ranch for any injury (including fatal injuries) or damage or loss arising from the negligence or other acts, however caused, of or attributed to the Ranch. In addition, we hereby release and discharge the Ranch from all actions, claims, or demands, that we, our son or daughter, our heirs, personal representatives, or assigns now have or may hereafter have for injuries, death, loss, or property damage caused in whole or in part by the negligence of the Ranch. This agreement does not release the Ranch from liability arising from its acts of gross negligence, or wanton or willful misconduct.

By signing below we certify that we, along with our son or daughter, have carefully read and willingly agree to comply with all of the terms and conditions outlined above.

Signature of Father or Legal Guardian _____

Date _____

Signature of Mother or Legal Guardian _____

Date _____

Signature of Participant _____

Date _____

NOTE: Signatures are required of each living parent or guardian. If only one signature is provided, unless another explanation is attached hereto, the signing parent or guardian represents to the Ranch that the other parent or guardian is deceased.