

FAMILY CAMP WEEKEND

ROCK
SPRINGS
RANCH



Housing

Family Camp at Rock Springs is a fun-filled, refreshing getaway weekend. Our cottages are the perfect place to relax with your family in between all of your activities. Two of our cottages will have new updates and remodels!

Hansen Cottage



Finnup Cottage & Preston Cottage



Exciting remodel photos coming soon!

Sample Schedule

Friday

- 6:00 PM: Optional Dinner Add-On
- 6:00-7:00 PM: Check-In
- 7:30-9:00 PM: Meet & Greet, Sign-Up for Activities, Campfire
- 9:00 PM: Back in Cabins

Saturday

- 8:00 AM: Breakfast
- 9:00-12:00 PM: Recreational Activities
- 12:00 PM: Lunch
- 1:00-2:00 PM: Free Time
- 2:00-5:00 PM: Recreational Activities
- 6:00 PM: Dinner
- 7:30-9:00 PM: Evening Activity or Free Time
- 9:00 PM: Back in Cabins

Sunday

- 8:00 AM: Breakfast
- 9:00-10:00 AM: Clean Cabin
- 10:00-11:00 AM: Check-Out
- 12:00 PM: Optional Lunch Add-On

Potential Recreational Activities: Shooting Sports, Canoes, Horses, Swimming, Mountain Biking, Conservation Education

Meals

Enjoy homestyle meals in our one of a kind dining hall. Meals are single serve buffet style with a hot homestyle meal, full salad bar, dessert, coffee bar, fresh brewed iced tea, and ice water. Rock Springs Dining Hall is known for its delicious food and family friendly atmosphere.



How to Register

Complete both sides of the registration form (pg. 3-4) and mail or scan it to the Rock Springs Office. Be sure to list all family members attending.

A \$25.00 non-refundable deposit per person, which is part of the total camp fee, is required with this registration form to reserve your spot at camp.

If you have any questions, feel free to reach out to us by phone or email.

Phone: 785-257-3221

Email: guestexperience@rocksprings.net

Family's Name: _____

Main Phone: _____

Address: _____

City/State/Zip: _____

Main Contact Person: _____

Main Email: _____

Family Pair Request (must be mutual): _____

Pricing

Weekend includes 4 meals, 2 overnights, and all program activities. Price is based on per person + tax.

Cottage Rates:
 Adult - \$122.00 + tax Youth - \$112.00 + tax Child - Free

Add-ons: Cottage Bedding (\$10/bed), Friday Dinner (\$12/person), Sunday Lunch (\$10/person)

Accepted forms of payment: Check, Cash, or Card. Full payment is required upon check-in.

Family Camp 2021

July 30th-August 1st, 2021

Family Members Attending: Circle appropriate status

Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child
Name: _____	Adult	Youth	Child

Total:
 Adult: _____ (age 13+) Youth: _____ (age 5-12) Child: _____ (age 4 & under)

Add-Ons:
 Friday Dinner QTY: _____ Sunday Lunch QTY: _____
 Bed Bundles QTY: _____

Family Agreement – Please Read & Sign

Acknowledgement of Risk of Injury/Release and Waiver: I, the legal parent/guardian grant permission for myself/my children to participate in any and all activities including but not limited to lifeguard supervised swimming, guided horseback riding, and the rock-climbing wall under supervision of trained instructors at Rock Springs Ranch. I recognize and acknowledge the inherent risks that these activities may present for me/my children.

Because I acknowledge the risks of attending myself or allowing my children to participate, I agree to release and hold harmless Rock Springs Ranch and its trustees, officials, agents, employees, directors, officers, board and other staff members from any and all injury claims of any other nature which may result from my/my children's participation at and travel to or from Rock Springs Ranch. I agree to indemnify and hold Rock Springs Ranch, its Staff and other guests at Rock Springs Ranch harmless from any and all liability caused by myself/my children, whether or not intentional.

Medical Consent: Rock Springs Ranch will make every effort to contact me in the case of an emergency. I give my permission for Rock Springs Ranch and its medical staff to administer any medications needed and to provide and arrange for any necessary medical treatment to myself/my children while at Rock Springs Ranch, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

Photography Release: Photographs and videos will occasionally be taken of the participant members during the Program. I hereby grant permission to Rock Springs Ranch, the Kansas 4-H Foundation, and Kansas 4-H to the use of my appearance, performance, or voice in any and all manner and media throughout the world for the purpose of promotion, reporting, or publication. Rock Springs Ranch may use my/my children's name, likeness, voice, and biographical material in connection with publication, promotion, exhibition, and distribution of such material. I understand that no royalty, fee, or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

Parent/Guardian/Participant Signature: _____

Date: _____

Parent/Guardian/Participant Name: _____

Computation Area

Cottage:

Adults QTY: _____ x \$122.00 = _____

Youth QTY: _____ x \$112.00 = _____

Add-Ons:

Friday Dinner QTY: _____ x \$12.00 = _____

Sunday Lunch QTY: _____ x \$10.00 = _____

Bed Bundles QTY: _____ x \$10.00 = _____
(cottage only)

Total: _____

Deposit: Total number of participants from above

QTY: _____ x \$25.00 = _____

Sales tax at Rock Springs is 7.75%.



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