



Camp Corazones Dates: July 19/20/21/22, 2018
New Mexico Army National Guard, Santa Fe

CAMP CORAZONES

CAMPER APPLICATION

Return by: June 15, 2018

DATE _____

Who will be registering the camper on Thursday and picking up camper(s) on Sunday?

First Name: _____ Last Name: _____

CAMPER NAME _____ NICKNAME _____ LAST _____

T-SHIRT SIZE, specify if child or adult size (S/M/L/XL) _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

PARENT/GUARDIANS NAME _____

____ PARENT'S ADDRESS IS THE SAME AS ABOVE

PARENT'S PHONE (____) _____ WORK (____) _____

CELL (____) _____

EMAIL _____

NAMES: BROTHER/SISTER/RELATIVES/FRIEND ATTENDING _____

We want to give your child or children an exciting camp experience. To help us do this, there are some things that we would like to know before camp starts, so we can be sensitive to your child's needs.

PLEASE BE SPECIFIC for each child on this application. An application will be filled out for EACH CHILD attending Camp Corazones, even if you are a brother/sister/relative or close friend.

CAMPER INFO

Has your child learned to swim? ___ Yes ___ No Does he/she need a life jacket? ___ Yes ___ No

Does your child have any particular situations/things/people that he/she is afraid of? (the dark, thunder, water, animals, other children, adults, etc.) _____

Describe any bedtime habits your child may have (sleepwalking, bedwetting, nightmares, difficulty falling asleep, etc.) _____

How many times and for how long at a time has your child been away from home and family? Describe.

Is your child comfortable with other children? Shy? Encounters arguments playing for long periods of time with other children? Other traits? _____

What helps your child to be comforted when he/she is upset? Talking strategies? A particular toy? Particular person or type of person? Etc. _____

Does your child have mood swings? Describe. _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

CAMPER MEDICAL HISTORY FORM

Below is a request for general information, which will assist us in providing care for your child if needed. Please answer all questions. In addition, if your child is currently under treatment for any condition, please describe accurately and list medications/treatment.

Today's date _____ Camper Sex ___ Male ___ Female

Camper Name _____ DOB _____

Address _____ City _____ Zip _____

Dietary restrictions _____

Date of most recent tetanus immunization _____

All other immunizations current? ___ Yes ___ No

Recent hospitalization/surgery (description and date) _____

Physical restrictions/limitations: _____

Current medications: _____

Allergies: _____

Any other medical conditions that can limit activities and/or that can have serious symptoms? Including diabetes, asthma, hay fever, seizures, etc. _____

PHYSICIAN INFORMATION

Name of Primary Physician _____

Dr's address _____ City _____ Zip _____

Dr's phone number _____

EMERGENCY INFORMATION

In an emergency, notify:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Check box if any of the following apply: ___ Vision problems ___ Hearing impairment ___ Crutches
___ Wheelchair ___ Dressing changes ___ Amputation

Insurance company _____

Policy number _____



CONSENT FORM

I hereby give permission for my child, _____, to attend Camp Corazones **2018**. My child has permission to engage in all camp activities including swimming, except:

I am assured that any activity requiring transportation via moving vehicle will have a driver 21 years of age, or older, and I release that driver from responsibility, should there be an accident in which my child is injured.

Full permission and authority is also granted to Camp Corazones and its representatives to photograph the applicant and to use, publish and release for publication such photos relating to the program of Camp Corazones. The name of the camper above may be used by Camp Corazones with the understanding that there will be no exploitation of the applicant and that any photographs so used should conform to standards of good taste.

I hereby release and discharge Camp Corazones, their employees, agents, representatives and staff and any and all other parties in interest from all claims, demands, grievances and causes of action of every kind whatsoever, including, but not limited to, all liability from damages of every kind, nature or description which may arise from or out of injury incurred by my child while in attendance at Camp Corazones.

Name _____

Signature _____ Date _____

Relationship to child _____



MEDICAL CONSENT FORM

The undersigned parent or legal guardian of _____
hereby grants permission to the medical staff of Camp Corazones to:

1. Administer routine care and medication to the child as well as any emergency care as required;
2. To obtain admission of my child to any clinic, hospital or other such facility; and
3. To consent on behalf of me and my child to all medical procedures, treatment and services.

I understand that transportation to medical facilities may be in a staff vehicle or ambulance, if needed. I further understand I will be notified as soon as possible in the event of an emergency. I also give permission to the medical staff to give and release medical information to the camp physician for assisting in the care of the camper.

Parent/Guardian name _____

Parent/Guardian signature _____

Date _____

Child's name _____

Child's Social Security Number _____

Insurance carrier _____

Insurance carrier address _____

Insurance carrier phone number _____

Policy number _____



ACCIDENT WAIVER AND RELEASE OF LIABILITY

I acknowledge that this event can test a person's physical and mental limits and carries with it the potential for death, serious injury and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, staff, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to event activities, but are also present for volunteers.

I hereby assume all of the risks of participating &/or volunteering in this event. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently trained for participation in the event and have not been advised otherwise by a qualified medical person.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the event holders, sponsors and organizers of the event in which I may participate, and that it will govern my actions and responsibilities at said events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, Release and Discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter occur to me including my traveling to and from this event, **THE FOLLOWING ENTITIES OR PERSONS:**

1. CAMP CORAZONES, INC.
2. NEW MEXICO ARMY NATIONAL GUARD OF SANTA FE
3. BOYS/GIRLS CLUB OF SANTA FE

Their directors, officers, employees, volunteers, representatives, and agents, the event holders, event sponsors, event volunteers; (B) Indemnify and Hold Harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this event, whether caused by the negligence of releases or otherwise.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns.

The Accident Waiver and Release of Liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document; and, I understand its content.

Print Participant's Name (If under 18 years old, Parent or guardian must also sign)	Age	Signature	Date
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PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Print Participant's Name	Age	Signature of Parent or Guardian	Date
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HOLD HARMLESS AGREEMENT
PLEASE SIGN AGREEMENT

I, _____, wish to conduct training associated with the
(Print Participant's Name)

New Mexico National Guard to be held on **July 18 – 22, 2018** at **Santa Fe, New Mexico**. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, and the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees shall not be liable for illness or injuries sustained while I am participating in the training event. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury. Nevertheless, I accept and assume responsibility and liability for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that may be sustained and which in any way arises out of or is related to my participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorneys fees, causes of action, suits or judgments by or on my behalf, my estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that may be sustained as a result of my participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officer, servants and employees to secure such emergency medical advice and services as may be necessary for my health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Date _____

(Signature of Participant/Guardian)

Emergency Telephone Number

Medical Conditions: No ___ Yes ___
"Yes" please list: _____

Allergies please list: _____

Medications please list: _____

