

Mimbres Christian Camp: Junior Summer Camp

Junior Camp: Ages 8-10- June 24-28, 2024

Parents or Guardians: Please complete this registration form **completely** and give it to your church sponsor or mail it **no later than TWO WEEKS BEFORE YOUR CAMP SESSION:**

Jaime and Debbie Camacho P.O. Box 123

Vail, AZ 85641

cozyacresfarm9@yahoo.com

Questions: Contact Debbie Camacho at 520-440-7332 or Amy Kerr at 719-

Camp Fee:
\$100.00

*Campers can be dropped off between 2-4 PM on the first day of camp. Junior Pick-Up will be at 1:00 PM on **Friday, June 30, 2023.**

Participant Information

Participant Name: _____ Age _____ DOB _____

Grade for 2022/2023 School Year: _____ Shirt Size: _____

Name(s) of Parents or Gaurdians _____

Address: _____

Phone: Home _____ Work: _____ Cell: _____

Help us get to know you better!

Favorite Camp Activity _____

If you've been to camp before, what was your best experience? _____

What is something that we could make better? _____

Camper Name: _____

PUBLICITY AUTHORIZATION

Photographs will be taken throughout the week during many events at camp. These photographs may be used for promotional materials, such as brochures, or the camp website. By signing this authorization, you give Mimbres Christian Camp Permission to use these photos for the above media.

Parent/Guardian Signature _____ Date _____

Physician/Health Information

Physician Name: _____ Phone: _____

Date of last Tetanus or Booster Shots: _____ Are all immunizations current? _____ Yes _____ No

List all medical conditions for which participant is currently being treated (attach additional sheet if needed) _____

List all medications currently being taken (Please include precise instructions on dosage) _____

List all allergies, including food allergies: _____

Physical Limitations/Physical Accommodations needed: _____

Important note to Parents and Guardians about Food Allergies: We regret that we do not have the facilities or personnel to ensure that any particular meal is free of allergens. Our staff will do our best to accommodate dietary needs but we cannot guarantee allergy-free meals. We will be glad to serve any special foods that you send (for allergies only, please) but the participant must take personal responsibility for avoiding foods that can cause an allergic reaction.

Important Note Regarding Medication: Please send your child’s medication in a labeled gallon zip lock bag. All medications will be required to be given to the camp nurse upon arrival to camp. The camp nurse will be responsible to dispense medications. Medications are not allowed in participant’s personal belongings. Six over-the-counter medications are available if needed, if are authorized by you. Please indicate if the nurse may give the participant these medications:

Tylenol ___yes ___No **Ibuprofen** ___Yes ___No **Benadryl** ___Yes ___No **Tums** ___Yes ___No
Pepto-Bismol ___Yes ___No **Calamine Lotion** ___Yes ___No

What other important medical/physical information do you believe we need to be aware of? _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I give permission, by my signature on this document, for emergency medical treatment of participant. I also accept complete financial responsibility for all medical expenses incurred. I also give my permission to communicate the

medical information contained in this authorization to the providers of emergency medical treatment. I have legal authority to consent to emergency medical treatment for my child.

Name of Insurance Policy: _____ Policy Number: _____

Parent/Guardian Signature _____ Date _____

RELEASE OF LIABILITY FOR HARM AND AGREEMENT NOT TO SUE

I understand that camps involve some degree of risk of bodily harm. I also understand that Mimbres Christian Camp will take reasonable measures to provide a safe environment. I understand that my child must act all times in a trustworthy, respectful, responsible manner while adhering to all camp rules and expectations. I agree to keep my child home if he/she is sick or has had a fever the same week of camp. I understand that Mimbres Christian Camp cannot prevent the spread of sickness of any kind, including Covid-19. I acknowledge that it is my decision to send my child and that he/she attends at his/her own risk.

If my child is dismissed from camp, I understand that I am responsible for immediately transporting my child from the event.

The kinds of activities that may be available may include but are not limited to: hiking, running, climbing, swings, bouncy houses, active games, campfires, playing in creek, water games, movies, woodworking, crafts, archery, shooting, activities off of camp property, worship services, and Bible studies.

I give my child permission to participate in event activities that may take place on or off of the campground property. My child will be expected to follow all camp rules and expectations in all activities.

These are the activities (if any) in which I do not want my child to be involved:

I agree, in consideration of the privilege of my child's participation in this event and I confirm that I have read this document in full. I agree I can never bring a lawsuit, sue, or make a claim against Mimbres Christian Camp and I release Mimbres Christian Camp from all liability for negligence, bodily injury, death, property damage, sickness, Covid-19, and economic harm that may happen in connection with this activity. I agree never to sue Mimbres Christian Camp.

I have full authority to sign this Authorization to Participate in Activities and Release of Liability for Harm and Agreement not to sue on behalf of my child and that there is no need of approval by anyone else. I have full authority to consent to my child's participation in this event and to release liability without the need for approval by anyone else.

I agree not to sue, file a lawsuit, or make claims against Mimbres Christian Camp, but if I do, I will pay all of Mimbres Christian Camp's costs, attorney fees, and all other financial liability in connection with a claim or lawsuit.

"Mimbres Christian Camp" includes its affiliated churches, board members, staff, volunteers, sponsors, agents, and representatives.

Parent Guardian Signature _____ Date: _____