

LONE TREE CAMPS Registration

Page 1 Section A to be filled out by **ALL** attending guests

Page 2 Section B for guests under 18 to be filled out by their parent and the bottom portion by a **LICENSED PHYSICIAN**
THREE WEEKS prior to arrival completed forms need to be sent in.

FACILITY ATTENDING (CIRCLE ONE) RANCH FORT LAKESHORE MISSIONS

Date of Camp _____ Date of Birth ____/____/____ Age _____ M / F First LT camper? Y / N

Name of Camper _____ Group Name _____

Home address _____ City _____ State _____ Zip _____

Email _____ Primary # _____

Parent/Guardian: (for those under 18) _____ Cell # _____

*In case of emergency please notify:

Name _____ Home # _____ Cell # _____

Relationship to camper _____

Family Physician Name _____ Phone # _____

**** PLEASE SEE ATTACHED MEDICAL FORMS ****

I hereby give my permission for me or my child to participate in all activities, including but not limited to Swimming, Boating activities, Blobbing, Trampoline, River float, Hot Springs, Field Sports, Mountain Rappelling, Vehicle Transportation, Climbing, Waterslide, Archery, Rifle Range, Hayrides, Horseback Riding, Cycling, Zipline, Swings, Caving, Diggler, Mountain Scooters.

I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the camper's church or school group. I agree to assume, as an explicit condition of my or my child's/ward's participation, any/all risks, including, but not limited to these enumerated above. I agree to release, discharge and hold harmless Lone Tree Inc., it's staff, NM State Park, NM State Forestry, Sports Adventure Inc., the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.

In case of emergency, I hereby give permission to secure proper treatment for my child as listed below while attending camp or participating in its activities, medical treatment may be required, and I agree to bear the cost of such treatment. If any changes occur, I will contact the director in writing.

Periodically photographs, videos, or interviews are taken during the camp session. I acknowledge that by my or my child's/ward's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interviews to be used or published to illustrate, report, promote or advertise the camp.

_____/_____
 Parent/Guardian Signature (for those under 18) Date

_____/_____
 Adult Signature (for those over 18) Date