

# 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

Page 2 Top portion to be filled out by parent. Bottom portion filled out by a **LICENSED PHYSICIAN** for **ALL** guests under the age of 18. Forms to be returned **THREE WEEKS** prior to arrival in order to attend camp

**FACILITY ATTENDING (CIRCLE ONE)**      **RANCH**      **FORT**      **LAKESHORE**      **MISSIONS**

Campers Name \_\_\_\_\_ Date of Camp \_\_\_\_\_

Please list any chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent cold, etc...), current physical, mental or psychological considerations and **list any allergies** (include food allergies), also list any treatments being taken or given.

Camp Nurse/Administrator may administer the following to my child (check if applicable):      \_\_\_\_\_ Benadryl  
\_\_\_\_\_ Pepto Bismol \_\_\_\_\_ Cough Drops/Syrup \_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Ibuprofen (Motrin) \_\_\_\_\_ Aspirin (Bayer)

Operations or serious injuries with dates \_\_\_\_\_

Swimming or Activity Restrictions \_\_\_\_\_

**MEDICATIONS:**

- ✓ A Medication Slip is attached and should be used for prescription medication that will be submitted to camp staff at check-in. The top portion is for check-in, the bottom portion should be attached to this registration page.
- ✓ Campers must also submit non-prescription medications and vitamins upon check-in.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in.

**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN**  
**A COPY OF A SPORTS PHYSICAL WITHIN THE LAST TWO YEARS WILL BE ACCEPTED**

(\*) I have examined the above camp applicant within the past 24 months \_\_\_\_\_ No      \_\_\_\_\_ Yes      \_\_\_\_\_ Date Examined

In my opinion, the applicant is physically able to participate in an active camp program \_\_\_\_\_ No      \_\_\_\_\_ Yes

List any medically prescribed meal plan or dietary restrictions \_\_\_\_\_

Current or on-going treatments and/or medications \_\_\_\_\_

(\*) Licensed Physician's Name \_\_\_\_\_ (\*) Signature \_\_\_\_\_

(\*) Address \_\_\_\_\_ (\*) City \_\_\_\_\_ (\*) State \_\_\_\_\_ (\*) Zip \_\_\_\_\_

(\*) Phone \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Form completed by (If other than Physician) \_\_\_\_\_

***Please complete each line above and note that items with an asterisk (\*) are especially important. Thank you!***