



[www.HeartsForAutismLC.Com](http://www.HeartsForAutismLC.Com)

Camp Director: Tony Bobadilla, Ph.D. 915-820-4416

Felicia Olivas: 575-526-6682

Camp New Amigos  
Junior Counselor Application 2018

Camp is June 4<sup>th</sup> – 15<sup>th</sup> 2018  
Applicants can be accepted from ages 10 to 18  
Notification of acceptance by May 15<sup>th</sup>

Submit Application to:

Felicia Olivas

Email to: [folivas@aitkids.com](mailto:folivas@aitkids.com)

Fax: 575-523-7254

Mail to: Hearts for Autism

P.O. Box 2578,

Las Cruces, NM 88004

Please Select a t-shirt size

Child T-Shirt:  Small     Medium     Large

Adult T-Shirt:  Small     Medium     Large     X-Large

\* Note: If you do not select a size, one will be selected for you. Additional shirts can be purchased for \$20. Please indicate size.

First Name:		Last Name:	
Nick Name:		Name for Name Tag:	
Date of Birth:		Age:	Sex:
Approx. Height:		Approx. Weight:	
Home Address:			
City, State, Zip Code:			

Parent/ Guardian Information:

Primary Contact Name:	
Email Address:	
Cell Phone:	Alternate Phone:
Secondary Contact Name:	
Email Address:	
Cell Phone:	Alternate Phone:

Transportation Information:

Person(s) Authorized to pick up child:
Person(s) NOT Authorized to pick up child:

\* Note: Appropriate legal document must accompany this form if someone is not authorized to pick up the child.

Medical Information:

Child's PCP:	PCP Contact Number:	
Allergies:		
Medication taken at home:		
IMPORTANT: Camp New Amigos counselors cannot administer any medications.		
Date of last Tetanus:		
Are you available for the camp dates? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Explain why you want to be a camp counselor:

Why are you interested in working with children with Autism?

List your other recreational interests:

Can you Swim?  Yes  No

Do you feel comfortable in deep water?  Yes  No

Do you feel comfortable with kayaks?  Yes  No

List any special skills or talents (bilingual, music, drama, horseback riding, etc.):

Certifications or Special Interests (check all that apply):

- Child CPR       Child First Aid       Child AED  
 Adult CPR       Adult CPR       Adult AED  
 Lifeguard       Certified NASP Archery Instructor  
 Other: \_\_\_\_\_

Please write a short biography to include the information packet for the parents:

Consent for Video and Flash Photography

I, \_\_\_\_\_ hereby allow my child, \_\_\_\_\_ to be photographed and/or video recorded for Camp New Amigos publicity and other camp purposes. I understand there is no financial compensation for these photographs an/or videos.

Parent or Guardian Signature:

Child's Name & Age:

Waiver and Release from Liability  
 Hearts for Autism Fund at the  
 Community Foundation of Southern New Mexico  
 Camp New Amigos  
 June 4<sup>th</sup> – 15<sup>th</sup>, 2018

I understand that as an official participant in this event there is some inherent risk of danger involved; fully realizing this possibility, agree to act in a prudent and responsible manner. In the event that I suffer injury or otherwise have cause for grievance associated in some fashion with the Camp New Amigos event I agree, by my signature, to indemnify and hold harmless the Hearts for Autism Fund and Community Foundation of Southern New Mexico, its elected officers, employees and agents from any and all claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including attorney's fees arising out of, connected with, or resulting from my participation in the event. I further understand and agree that by signing this consent statement, I am giving up and surrendering forever any rights of legal action that might result from my participation in the Camp New Amigos event.

I further understand that I should have appropriate health insurance to cover any accident or injury which may suffer as a result of my participation in the Camp New Amigos Event.

Participant Name:	Date:
Participant Name:	Date:
Participant Name:	Date:
* Note: If a minor is participating in this event, the legal guardian must indicate the name of the minor and sign as the legally responsible party.	
Signature:	Date: