



www.HeartsForAutismLC.Com

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

Felicia Olivas: 575-526-6682

Camp New Amigos
Ages 6 to 17

Camp is June 4th – 15th 2018
Applicants due April 13th

Application fee: \$50

** some scholarship are given by
the Hearts for Autism Fund

Submit Application and camp fee to:

Felicia Olivas

Email to: 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.

Pay by Check or Money Order:

Made our to: Hearts for Autism

301 Perkins Drive, Las Cruces, NM 88005

Memo: Camp New Amigos

Pay by Credit Card

See attached credit card form

Attach Photo of Camper here:

Camper/Student Information:

First Name:	Last Name:	
Nick Name:	Name for Name Tag:	
Date of Birth:	Age:	Sex:
Approx. Height:	Approx. Weight:	
Current School:	Teacher's Name:	
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:	
Your child's primary diagnosis (please provide/attach evidence of an ASD diagnosis such as a Psychoeducational Study, Assessment Report from an outside agency or your child's IEP)		
Allergies:		
Medication taken at home:		
IMPORTANT: Camp New Amigos counselors cannot administer any medications.		
Date of last Tetanus:		
Injury or illness that might limit your child's physical activity or participation in the camp programs:		
Please provide any other information Camp New Amigos should have in order to safe guard the health of your child.		
When swimming, does your child need safety equipment like a life vest, ear plugs, etc.?		

Are you comfortable taking your child into the community?

Please list activities that your child finds aversive (ex: loud places, crowded places, beach, movies, etc.):

Please list activities that your child particularly enjoys:

What are your child's favorite art projects or craft materials?

TEACH/PARENT COMMUNICATION ASSESSMENT OF (name of child) _____

<p>Can your child communicate his/her wants and needs?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NO Speech Describe: _____</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> NO Gestures Describe: _____</p>
<p>Does your child use any communication systems?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p>
<p>Does your child ask for help?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p>
<p>Does your child follow simple directions?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____</p> <p>Does your child require prompts or gestures?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Examples: _____</p>
<p>Is your child prone to emotional upsets/tantrums?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Examples: _____</p> <p>How can we assist your child if they become upset?</p>

DOES YOUR CHILD:

- | | | | | |
|----------------|--------------------------------|---------------------------------|------------------------------------|-------------------------------------|
| Head Butt | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Hit | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Pinch/Scratch | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Kick | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Bite | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Spit | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Use Expletives | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Run | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Scream | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Cry | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |
| Self-injury | <input type="checkbox"/> Never | <input type="checkbox"/> Rarely | <input type="checkbox"/> Sometimes | <input type="checkbox"/> Frequently |

Throw Objects	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
Undress	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently
Refuse to Walk	<input type="checkbox"/> Never	<input type="checkbox"/> Rarely	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Frequently

Does your child transition from one activity to another? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: _____
Does your child pay attention to warnings of danger? <input type="checkbox"/> Yes <input type="checkbox"/> No Examples: _____
Does your child show appropriate fear of unsafe situations? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____
Does your child require assistance with toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No Describe: _____

***Please Note: Campers will be required to bring their own snacks and lunch if dietary constraints exists to camp. Breakfast and lunch will be provided, snacks will not be provided.

The best way to reach me during camp hours is: _____

Parent/Guardian Signature: _____

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 4th – 15th, 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, 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:



College of Agricultural, Consumer, and Environmental Services Animal & Range Sciences, MSC 31
 New Mexico State University
 P.O. Box 30003 Las Cruces NM 88003
 Phone : (575) 646-5595, Fax: (575) 646-544 | Email white@nmsu.edu

Therapeutic Riding LIABILITY RELEASE

I _____ would like to participate as a volunteer in the New Mexico State University Therapeutic Riding Program. I acknowledge that participating in Equine Activities could result in injury to myself and others and that such activities have other risks and potential for risks for injury or damage. However, I feel that the benefits of being part of the NMSU Therapeutic Riding team are greater than the risks assumed. I hereby, intending to be legally bound for myself, my heirs and assigns, hereby agree to indemnify, waive and release forever all injuries or claims for damages against New Mexico State University and the NMSU Therapeutic Riding Program, its Regents, Agents, Representatives, Instructors, Therapists, Volunteers, Employees, and Horse owners for any and all injuries and or losses that I may sustain while participating in volunteering and other equine activities at NMSU Therapeutic Riding.

Under New Mexico Law, "No person, corporation or partnership is liable for personal injuries to or for the death of a rider that may occur as a result of the behavior of equine animals while engaged in any equine activities." And "No person, corporation or partnership shall make any claim against, maintain any action against or recover from a rider, operator, owner, trainer or promoter for injury, loss or damage resulting from equine behavior unless the acts or omissions of the rider, owner, operator, trainer or promoter constitute negligence."

I hereby voluntarily contribute the worth of my service for the betterment of NMSU Therapeutic Riding and the people they serve. I understand that every effort will be made by NMSU Therapeutic Riding and its affiliated organizations to avoid any accident or injury to me.

Signature _____ Date: _____
 Parent/Guardian _____ Date: _____
 Witness: _____ Date: _____

Warning

“All activities involving horses, donkeys, mules, or ponies have inherent risks for participant. New Mexico State law protects operators, owners, trainers, promoters, and others from liability for injuries which are results of equine animal behavior. Leg. Act. SJC/Senate Bill 268 aaJ993.”

CREDIT CARD PAYMENT INFORMATION

Name shown on the credit card:	
Card Billing Address:	
City, State, Zip:	
Telephone Number:	Email:
Card Number:	
Expiration Date:	Verification Code:
Amount:	<input type="checkbox"/> AMEX <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover

Turn in Applications at:

Aprendamos Intervention Team, 301 Perkins Drive, Las Cruces, NM 88005

Via Fax: 575-523-7254, Attn: Felicia Olivas

Via Email: info@aitkids.com

Contact information:

Tony Bobadilla, Ph.D.

Director of Camp New Amigos

tonyb@nmsu.edu

915-820-4416