

COMMUNITY  
FOUNDATION  
Of Southern New Mexico



[www.heartsforautismmlc.com](http://www.heartsforautismmlc.com)

Contact: Camp New Amigos Directors  
Courtney Degler, Alice Jones and Hilda Salcedo  
Email: [HeartsforAutismLC@gmail.com](mailto:HeartsforAutismLC@gmail.com)

REGISTRATION FORM  
SUMMER 2019  
Registration Due by Friday, April 5, 2019

**Camp is June 3-7, 2019 (ages 12-17)**  
**June 10-14, 2019 (ages 6-11)**  
**Camp Hours: 9:00a-2:30p**  
**Camp Location: Frank O'Brien Papen Center**  
**304 Bell Ave., Las Cruces, NM 88005**

Please select a t-shirt size for your child:

CHILD T-SHIRT SIZE: YS YM YL

ADULT T-SHIRT SIZE: S M L XL XXL

\*Please select a t-shirt size. If not selected, a shirt is not guaranteed.

Application Fee: \$75.00

Scholarships available, contact Hearts for Autism LC

*Submit your application along with application fee to:*

Email: [CampHeartsforAutismLC@gmail.com](mailto:CampHeartsforAutismLC@gmail.com)

Mail: Hearts for Autism, PO Box 2578 Las Cruces, NM 88004

Pay by Check /Money Order; CFSNM (Community Foundation of Southern New Mexico)  
OR

Pay by Credit card (See attached form)

Attach Photo

**CAMPER / STUDENT INFORMATION**

Camper's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

What name does your child respond to? (for name tag) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Approx. Height \_\_\_\_\_ Weight \_\_\_\_\_

Present School \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Type of Classroom \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

### **PARENT / GUARDIAN INFORMATION**

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Language spoken at home \_\_\_\_\_

### **TRANSPORTATION INFORMATION**

Person(s) Authorized to Pick Up Child \_\_\_\_\_

Person(s) Authorized to Pick Up Child \_\_\_\_\_

### **MEDICAL INFORMATION**

Your child's doctor \_\_\_\_\_

Doctor's phone number \_\_\_\_\_

Your child's primary diagnosis (Please provide evidence of an ASD diagnosis such as a Psychoeducational Study, Assessment Report from an outside agency or your child's IEP) \_\_\_\_\_

Allergies \_\_\_\_\_

Medications taken at home: \_\_\_\_\_

\*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: \_\_\_\_\_

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Please provide any other information Camp New Amigos should have in order to safeguard the health of your child

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When swimming, does your child need safety equipment like a life vest, ear plugs, etc.?

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

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Please list activities that your child particularly enjoys:

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

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COMMUNICATION NEEDS/ABILITIES:

Can your child communicate his/her wants and needs?

Yes    No    Speech    Describe: \_\_\_\_\_

Yes    No    Gestures    Describe: \_\_\_\_\_

Does your child use any communication systems?

Yes    No    Describe: \_\_\_\_\_

Does your child ask for help? How?

Yes No Describe: \_\_\_\_\_

Does your child follow simple directions? Does he/she require prompts or gestures?

Yes No Examples: \_\_\_\_\_

BEHAVIORAL NEEDS:

Is your child prone to emotional upsets/tantrums? How can we assist your child if they become upset?

Yes No Comments: \_\_\_\_\_

Does your child:	Never	Rarely	Sometimes	Frequently
Head Butt				
Hit				
Pinch/Scratch				
Kick				
Bite				
Spit				
Use Expletives				
Run				
Scream				
Cry				
Self-Injury				
Throw Objects				
Undress				
Refuse to Walk				

Does your child transition from one activity to another?

Yes No Comments: \_\_\_\_\_

Does your child pay attention to warnings of danger? Please explain.

Yes No Examples: \_\_\_\_\_

Does your child show appropriate fear of unsafe situations? Please explain.

Yes No Examples: \_\_\_\_\_

Does your child require assistance with toileting?

Yes No Describe: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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Consent for Video and Flash Photography

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

Parent or Guardian Signature Childs Name and Age \_\_\_\_\_

Childs Name and Age \_\_\_\_\_

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WAIVER AND RELEASE FROM LIABILITY

*Hearts for Autism  
CampNewAmigos-AutismSummerCamp  
June 2019*

I understand that as an official participant in this event there is some inherent risk of danger involved; fully realizing this possibility, I 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-Autism Summer Camp event, I agree, by my signature, to indemnify and hold harmless the: *Hearts for Autism/Community Foundation/City of Las Cruces Parks and Recreation.*

Hearts for Autism/Community Foundation/City of Las Cruces Parks and Recreation, 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 right of legal action that might result from my participation in the Camp New Amigos-Autism Summer Camp event.

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

NAME of CAMPER

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Parent Signature

Date

\*If a minor is participating in this event, the legal guardian must indicate the name of the minor and sign as the legally responsible adult.



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) 646-5441 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

Signature of Parent or Legal Guardian if Volunteer is under the age of 18 years }

Witness

Date

WARNING

"All activities involving horses, donkeys, and ponies have inherent risks for participants. New Mexico state law protects operators, owners, trainers, promoters and others from liability for injuries which are the results of equine animal behavior. Leg Act. SJC/Senate Bill 268 aa 993"

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**Information Required**

Name as shown on the credit card:

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Credit card billing address:

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Street Address

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City, State, Zip

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Telephone #

Circle One:

Check Enclosed

MasterCard

Visa

Credit card number:

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Credit card expiration:

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Credit card verification value:

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Amount of donation:

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Turn in application to A prendamos c/of Camp New Amigos at:

Mail Application to:

PO Box 2578

Las Cruces, NM 88004

Send electronically to:

[CampHeartsforAutismLC@gmail.com](mailto:CampHeartsforAutismLC@gmail.com)

Contact information:

Courtney Degler, Hilda Salcedo and Alice Jones

Directors of Camp New Amigos

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