



REGISTRATION FORM
SUMMER 2021

Contact: Courtney Degler, Camp New Amigos Director

Email: campnewamigos@gmail.com

Registration Due by Friday, July 9, 2021

Camp is July 16, 23, 30 & Aug. 6, 2021
(ages 7-17)

Camp Hours: 8:30am— 12:30pm

Camp Location: Frank O'Brien Papen Center
304 Bell Ave., Las Cruces, NM 88005

Please select a t-shirt size for your child:

CHILDT-SHIRTSIZE: YS YM YL

ADULTT-SHIRTSIZE: S M L XL XXL

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

Application Fee: \$25.00

Camper Photo

Submit your application along with application fee to:

Email: CampHeartsforAutismLC@gmail.com

Pay by Check /Money Order; Make check payable to Hearts for Autism Fund
OR

Pay by Credit card (See attached form)

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 _____

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:

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

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 project or craft materials?

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: _____

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 _____

WAIVER AND RELEASE FROM LIABILITY

*Hearts for Autism
Camp New Amigos-Autism Summer Camp
July 2021*

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

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.**



Camp NewAmigos
July 16, 23, 30 & Aug. 6, 2021



Information Required

Name as shown on the credit card:

Credit card billing address:

Street Address

City, State, Zip

Telephone #

Circle One:

Check Enclosed

MasterCard

Visa

Credit card number:

Credit card expiration:

Credit card verification value:

Amount of donation:

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

301 Perkins Drive, Las Cruces, NM 88005

Or

Send electronically to:

CampHeartsforAutismLC@gmail.com

Contact information:

Courtney Degler

Director of Camp New Amigos

Email: campnewamigos@gmail.com

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