



Camp New Amigos Jr Counselor Application 2022

Contact: Courtney Degler
Email: campnewamigos@gmail.com



Camp is June 20-24, 2022 from 8:30a – 3:00p

Please select a t-shirt size:

CHILD T-SHIRT SIZE: S M L

ADULT T-SHIRT SIZE: S M L XL 2X 3X

*PLEASE SELECT A T-SHIRT SIZE. If not selected, a t-shirt is not guaranteed.

Junior Counselor Information

Name (Last) _____ (First) _____

Name for Name Tag _____

Date of Birth _____ Age _____ Sex _____

Home Address _____

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 in the 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 _____

Allergies _____

Medications taken at home: _____

IMPORTANT: Camp New Amigos counselors cannot administer ANY medications.

Date of last tetanus: _____

Are you available for camp on Monday June 20 to Friday, June 24 from 8:30 – 3:30? _____ yes _____ no

(Explain conflicts): _____

Explain why you would like to be a Junior Counselor: _____

Why are you interested in working with children with Autism?

List sports / recreational interests:

Can you swim? _____ Do you feel comfortable in deep water? _____

Do you feel comfortable swimming? _____

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

Certifications / Special interests (check all that apply)

_____ Child CPR

_____ Child First Aid

_____ Child AED

_____ Adult CPR

_____ Adult First Aid

_____ Adult AED

_____ Lifeguard

_____ Certified NASP Archery Instructor

_____ Other-please specify _____

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

***** Counselors may bring their own snack and lunch to camp. City of Las Cruces free lunch program will be available for children up to 18 years of age. No food or drink, except water, will be supplied by Camp New Amigos.**

I have read, understand, and agree to comply with the General and Specific Responsibilities of the Camp New Amigos Counselor Position.

Name (Please Print)

Signature

Date

Parent Signature

Consent for Video and Flash Photography

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

Parent or Guardian Signature _____

Childs Name and Age _____

WAIVER AND RELEASE FROM LIABILITY

***NMSU Department of Campus Activities
&
Hearts for Autism Fund
Camp New Amigos – Autism Summer Camp
June 20-24, 2022***

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 **NMSU Department of Campus Activities & Hearts for Autism Fund**, New Mexico State University and the Board of Regents, 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

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.