



Who can go?

This is for all Middle School students. If you are completing the 6th grade in the month of May, 2021, then you will be a 7th grader and eligible to go.

What is LoneTree Ranch Camp?

Lone Tree Ranch is a high adventure camp designed to challenge you in many ways. You get to spend a week getting away from the city life and find some time to have fun pursuing the Lord.

Where?

Lone Tree Ranch is in Capitan, NM.

When? We leave Monday June 7th and return Saturday June 12th, 2021

Cost? \$374





Consent to Participate in Activity and Release of Liability Form

- **Consent.** The undersigned hereby consents to the participation and/or volunteering in **Lone Tree Ranch Camp** on June 7-12, 2021.
- **Health.** I certify there are no health-related reasons or problems with the participant which preclude participation in this activity or event.
- **Release.** I waive, release, discharge, and promise not to sue Christ's Church of Roswell, its agents or representatives, for any and all liability claims arising out of participation in this activity or event.
- **Medical Treatment.** I consent for the participant to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.
- **Law.** This accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
- **Certification.** I hereby certify that I have read this document, and fully understand its content. I am aware that this is a consent and release of liability contract. I am signing this of my own free will.

Participant's Name: _____ Participant's Date of Birth: _____

Signature (if under 18 years-old, Parent / Guardian must sign) Date: _____

Emergency Contact Name: _____ Phone Number: _____

If signing as Parent / Guardian:

Name: _____ Phone Number: _____

Relation to Participant: _____

LONE TREE CAMPS Registration

Page 1 Section A to be filled out by **ALL** attending guests

Page 2 Section B for guests under 18 to be filled out by their parent and the bottom portion by a **LICENSED PHYSICIAN**
THREE WEEKS prior to arrival completed forms need to be sent in.

FACILITY ATTENDING (CIRCLE ONE)

RANCH

FORT

LAKESHORE

MISSIONS

Date of Camp _____ Date of Birth ____/____/____ Age ____ M / F First LT camper? Y / N

Name of Camper _____ Group Name _____

Home address _____ City _____ State _____ Zip _____

Email _____ Primary # _____

Parent/Guardian: (for those under 18) _____ Cell # _____

***In case of emergency please notify:**

Name _____ Home # _____ Cell # _____

Relationship to camper _____

Family Physician Name _____ Phone # _____

**** PLEASE SEE ATTACHED MEDICAL FORMS ****

I hereby give my permission for me or my child to participate in all activities, including but not limited to Swimming, Boating activities, Blobbing, Trampoline, River float, Hot Springs, Field Sports, Mountain Rappelling, Vehicle Transportation, Climbing, Waterslide, Archery, Rifle Range, Hayrides, Horseback Riding, Cycling, Zipline, Swings, Caving, Diggler, Mountain Scooters.

I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the camper's church or school group. I agree to assume, as an explicit condition of my or my child's/ward's participation, any/all risks, including, but not limited to these enumerated above. I agree to release, discharge and hold harmless Lone Tree Inc., it's staff, NM State Park, NM State Forestry, Sports Adventure Inc., the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.

In case of emergency, I hereby give permission to secure proper treatment for my child as listed below while attending camp or participating in its activities, medical treatment may be required, and I agree to bear the cost of such treatment. If any changes occur, I will contact the director in writing.

Periodically photographs, videos, or interviews are taken during the camp session. I acknowledge that by my or my child's/ward's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interviews to be used or published to illustrate, report, promote or advertise the camp.

_____/_____
 Parent/Guardian Signature (for those under 18) Date

_____/_____
 Adult Signature (for those over 18) Date

Page 2 Top portion to be filled out by parent. Bottom portion filled out by a **LICENSED PHYSICIAN** for **ALL** guests under the age of 18. Forms to be returned **THREE WEEKS** prior to arrival in order to attend camp

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MISSIONS

Campers Name _____ Date of Camp _____

Please list any chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent cold, etc...), current physical, mental or psychological considerations and **list any allergies** (include food allergies), also list any treatments being taken or given.

Camp Nurse/Administrator may administer the following to my child (check if applicable): _____ Benadryl
 _____ Pepto Bismol _____ Cough Drops/Syrup _____ Acetaminophen (Tylenol) _____ Ibuprofen (Motrin) _____ Aspirin (Bayer)

Operations or serious injuries with dates _____

Swimming or Activity Restrictions _____

MEDICATIONS:

- ✓ A Medication Slip is attached and should be used for prescription medication that will be submitted to camp staff at check-in. The top portion is for check-in, the bottom portion should be attached to this registration page.
- ✓ Campers must also submit non-prescription medications and vitamins upon check-in.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in.

HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN
A COPY OF A SPORTS PHYSICAL WITHIN THE LAST TWO YEARS WILL BE ACCEPTED

(*) I have examined the above camp applicant within the past 24 months _____ No _____ Yes _____ Date Examined _____

In my opinion, the applicant is physically able to participate in an active camp program _____ No _____ Yes

List any medically prescribed meal plan or dietary restrictions _____

Current or on-going treatments and/or medications _____

(*) Licensed Physician's Name _____ (*) Signature _____

(*) Address _____ (*) City _____ (*) State _____ (*) Zip _____

(*) Phone _____ Date Form Completed _____

Form completed by (If other than Physician) _____

Please complete each line above and note that items with an asterisk (*) are especially important. Thank you!

WHAT TO BRING TO CAMP:

- Sleeping bag and pillow
- Washcloth and towels
- Toiletries (toothpaste, toothbrush, deodorant, soap, etc.)
- Bible and pen/pencil
- Warm clothes (can get cold at night)
- Comfortable shoes (we live in the woods, don't bring your Jordans)
- Close toed shoes (required for most activities)
- Water bottle
- Flashlight and batteries
- Long pants for horseback riding
- Sun protection (sunscreen, hats, etc.)
- Swimsuit

WHAT NOT TO BRING TO CAMP:

Do not bring any pets, weapons, tobacco, alcohol, smurfs, fireworks, fire making of any kind, or expensive jewelry.

We are excited to have you join us at Lone Tree Ranch.
We are looking forward to serving you and helping
you have an amazing time here!

Sincerely,

Lone Tree Ranch Staff

