

## 2010 New Mexico Forestry Camp Permission

**Directions to Parent/Guardian:** Circle Yes or No and initial sections where shown, as well as sign this form. Return this form with the 1) *2010 Camper Health (sections A and B)*, 2) *Over the Counter Medication Authorization*, and 3) *Camper Contract*. **Please write clearly.**

Camper's Name \_\_\_\_\_ Nickname \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Birthday \_\_\_\_\_ Camper's age while at camp \_\_\_\_\_ Number of Sessions Attending \_\_\_\_\_  
Month / Day / Year

Custodial Parent/Guardian:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

***My camper, \_\_\_\_\_, has permission to attend New Mexico Forestry Camp near Cuba, NM, June 6-11, 2010.***

\_\_\_\_\_  
Session Date

\_\_\_\_\_  
Session Date

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

\_\_\_\_\_  
Date

I have remembered to note all of my camper's special dietary, physical, emotional, and medical needs on the 2010 Camper Health form.

Yes No \_\_\_\_\_

*Circle one and initial*

*Note: Should you want to further discuss any special needs/concerns, please call (575) 289-3950 or (505) 842-3325.*

I understand that when participating in New Mexico Forestry Camp activities the camper may be photographed for print, video, or electronic imaging. I understand that the images may be used in promotional materials, news releases, and other published formats, and I will allow that.

Yes No \_\_\_\_\_

*Circle one and initial*

My camper is in good physical condition, except as noted on the 2010 Camper Health form, and has permission to participate in all camp activities, including hiking, stream exploration, archery, cook-outs, campfires, arts and crafts, and basic obstacle and challenge course, except as noted here:

\_\_\_\_\_  
\_\_\_\_\_

Please fill out page 2

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I have listed an Emergency Contact on the 2010 Camper Health form who has my permission to act in my behalf in the event that emergency medical attention is needed and I am unavailable.

I am also granting permission for the following adults to pick up and transport my child if I am unavailable:  
*(Please let them know that they may be asked to show picture identification)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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We encourage you voluntarily provide the following information on racial background and ethnicity. This information will be used by New Mexico Forestry Camp to help monitor our effectiveness as an organization committed to diversity and pluralism.

**Registrant's racial background is:** (check as many as apply)

- American Indian/Alaskan Native     Asian     Black/African American     Hawaiian/Pacific Islander  
 White     Other (specify) \_\_\_\_\_

**Registrant's ethnic background is:** (check one)     Hispanic/Latina     Not Hispanic/Latina

***Return this form with the 1) 2010 Camper Health (sections A and B), 2) Over the Counter Medication Authorization, and 3) Camper Contract.***