



# AMTTERSCHOOL

## WILDERNESS CAMP

**"IT'S A NATURAL"**

Archery, Rock Climbing, Gaving, Fishing, Canoeing, Hiking, Biking..

Nature Walks, Nature Crafts,

*Other Outdoor Fun & Sports...*



**Village of Ruidoso**

**Parks & Recreation Department**

**Office at: 801 Resort Drive**

**575-257-5030**

**[parksrec@ruidoso-nm.gov](mailto:parksrec@ruidoso-nm.gov)**

**[www.ruidoso-nm.gov](http://www.ruidoso-nm.gov)**

**IT'S A NATURAL**



# **AFTERSCHOOL WILDERNESS CAMP**

*Mission Statement*

## **“IT’S A NATURAL”**

Archery, Horseback Riding, Fishing, Golf, Caving, Canoeing, Hiking, Biking, Nature Walks, Nature Crafts,  
Other Outdoor Fun & Sports!

(Transportation provided from school to activities then P&R site where parents will pick up at 5:30 pm)

***Weekly rates must be paid one week in advance.***

Daily Rates Available with minimum 3 day notice and fee paid.

Registration continues on a first come first serve basis,

**SPACE IS LIMITED TO FIRST 24 REGISTERED**

**Starts August 23, 2010**

(No camp during School Holidays, Snow Days, Thanksgiving Week, Winter Break & Spring Break)

**Afterschool – 5:30 PM—Monday thru Friday**

Where: Parks & Recreation Office —801 Resort Rd.

Who: Youth entering 1st– 5<sup>th</sup> Grades

**Weekly Cost: \$50 per week plus activity fee Daily Cost: \$15 per day plus activity fee**

**(i.e. Horseback riding \$27, Nazarene Rock Climbing \$10)**

Campers should bring their own non-perishable snacks

**Registration Begins**

**Monday, August 16th at 9:00 A.M.—Noon and 1:00 pm—5:00 pm  
Parks and Recreation Office, 801 Resort Drive, Ruidoso, New Mexico**

**(575) 257-5030 For more info email us: [parksrec@ruidoso-nm.gov](mailto:parksrec@ruidoso-nm.gov)**



**Wilderness Camp Staff—Staff to child ratio of 1:8!**

Great effort goes into hiring and training our capable, attentive, fun and creative camp counselors.

Camp staff is certified in First Aid/CPR and have background checks.

# WILDERNESS CAMP REGISTRATION FORM

STARTS AUGUST 23

Circle Weeks signing up for: Aug. 23, Aug. 30, Sept. 6, Sept. 13, Sept. 20, Sept. 27, Oct. 4, Oct. 11, Oct. 18, Oct. 25, Nov. 1, Nov. 8, Nov. 15, Nov. 29, Dec. 6, Dec. 13, Jan. 4, Jan. 10, Jan. 17, Jan. 24, Jan. 31, Feb. 7, Feb. 14, Feb. 21, Feb. 28; Mar. 7, Mar. 14, Mar. 28, Apr. 4, Apr. 11, Apr. 18, Apr. 25, May 2, May 9, May 16, May 24

CHILD'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

CHILD'S GRADE IN FALL: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_ PHONE (s): \_\_\_\_\_

PARENT/GUARDIAN MAILING ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN E-MAIL ADDRESS: \_\_\_\_\_

## NAME OF TWO RELATIVES/FRIENDS IN THE AREA TO ACT ON YOUR BEHALF IN CASE YOU CANNOT BE REACHED:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ 2ND PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

DAY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_

WHO IS YOUR CHILD'S PHYSICIAN? \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S INSURANCE: \_\_\_\_\_ POLICY #: \_\_\_\_\_

DOES YOUR CHILD CURRENTLY TAKE MEDICATION? \_\_\_\_\_ TYPE: \_\_\_\_\_

DESCRIBE ANY REACTION: \_\_\_\_\_

DESCRIBE USE: \_\_\_\_\_

DATE OF LAST TETNUS SHOT (OR INDICATE IF SHOT IS CURRENT): \_\_\_\_/\_\_\_\_/\_\_\_\_ CURRENT: \_\_\_\_ YES

DOES YOUR CHILD HAVE ANY MEDICAL, PHYSICAL, OR MENTAL CONDITION? \_\_\_\_\_

DESCRIBE THE CONDITION: \_\_\_\_\_

IS YOUR CHILD IN A SPECIAL EDUCATION PROGRAM? \_\_\_\_\_ Yes \_\_\_\_\_ No

CIRCLE WHICH PROGRAM: Learning Communication Behavior Other: \_\_\_\_\_

CIRCLE PROGRAM LEVEL IN SPECIAL EDUCATION: A B C D UNSURE

IS YOUR CHILD ALLOWED TO PARTICIPATE IN SWIMMING ACTIVITIES AS PART OF WILDERNESS CAMP? Yes \_\_\_ No \_\_\_

YOUR CHILD'S SWIMMING ABILITY IS: \_\_\_\_\_ Non-Swimmer \_\_\_\_\_ Beginner Swimmer \_\_\_\_\_ Experienced

IS YOUR CHILD ALLOWED TO PARTICPATE IN HORSEBACK RIDING ACTIVITIES AS PART OF WILDERNESS CAMP? YES \_\_\_\_\_ No \_\_\_\_\_

**THE FOLLOWING PEOPLE ARE AUTHORIZED TO PICK UP MY CHILD FROM CAMP:**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PLEASE LIST ANY PERSON UNAUTHORIZED TO PICK UP YOUR CHILD (appropriate custody papers shall be attached if a parent is not allowed to pick up the child)**

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

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

CODE WORD: \_\_\_\_\_

Any person whom I instruct to pick up my child will be aware of the above code, which my child and I agree upon. I acknowledge that any person who picks up my child will be asked to identify the code word and present identification. (The Code word can be anything ranging from a dog's name to a favorite food.) If a person other than those listed on the pick up authorization try to pick up your child, we will NOT RELEASE your child to that person unless we have written permission from you first (even if they know the code word).

Please add anything else you feel is important for us to know about your child to make his/her summer experience the best it can be:

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I hereby authorize Village of Ruidoso Parks & Recreation Department to take my child to the aforementioned physician of Lincoln County Medical Center for treatment in the event of any emergency in which a parent or legal guardian cannot be reached.

I hereby authorize any licensed physician or Lincoln County Medical Center to treat my child in case of an emergency in which the aforementioned physician cannot respond and a parent or legal guardian cannot be reached.

I hereby authorize the Village of Ruidoso Parks & Recreation Department to transport my child.

I, the undersigned, for myself, and on behalf of the minor child, give consent for my child to participate in the full Wilderness Camp Program and all activities unless I advise you in writing. I give permission for the Ruidoso Parks & Recreation Department to use any photograph of my child for promotional material. To the best of my knowledge my child is in good health and I will notify the camp if he/she is exposed to any infectious diseases. I further release and agree to indemnify and hold harmless Wilderness Camp, the Village of Ruidoso Parks & Recreation Department and staff from any liability concerning our child's involvement in the Wilderness Camp program and further agree that the use of all Village of Ruidoso Parks & Recreation Department facilities is made at the risk of the registrant.

I understand that the Camp Administration reserves the right to dismiss a camper who in their opinion is a hazard to the safety or rights of others, or who appears to have rejected the reasonable expectations of Wilderness Camp.

\_\_\_\_\_  
PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE