



### **Registration Packet**

Registration Packets must be fully completed and emailed to [RADcamp@unm.edu](mailto:RADcamp@unm.edu) before guardians will be allowed to pay and reserve their spot in camp.

For questions, you may email [RADcamp@unm.edu](mailto:RADcamp@unm.edu).

# Required

## MINOR PARTICIPANT WAIVER AND NOTICE OF RISK

<b>Camp Name:</b>	
<b>Start &amp; End Dates</b>	
<b>Participant's Name</b>	
<b>Parent or Legal Guardian Name</b>	

The University of New Mexico ("UNM") offers youth camp programs through the \_\_\_\_\_ . A description of all youth camps, including the Participant's chosen camp is available online at \_\_\_\_\_ .

As Participant's parent or legal guardian, I understand and acknowledge that certain risks are inherent to participating in recreational activities and youth camps, due to one's own actions, the actions of others or a combination of both. These risks may result in injury, minor or serious, as well as damage to personal property. If I have any specific questions about Participant's safety or the risks associated with Participant's chosen camp, I understand that I should speak to the \_\_\_\_\_ staff.

Knowing the risks and in consideration of being permitted to participate in the above named camp, I do agree to assume all risks of personal injury or loss, bodily injury (including death), damage to or loss of, or destruction of any personal property resulting from or arising out of my child's participation in the youth camp. I also, hereby release, waive, indemnify, hold harmless and discharge UNM, its Board of Regents, its officers, employees or agents, from any and all claims, damages, and injuries arising out of my child's activities, including the use of equipment and facilities provided by UNM.

I further understand that UNM does not provide health insurance for individuals participating in youth camps. As such, either I or my personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the youth camp.

By signing this form, I am stating that I have read this waiver and notice of risk, fully understand its terms and understand that it affects my legal rights and how it affects those legal rights. I am signing this waiver and notice of risk knowingly and voluntarily, and intend for it to be a complete and unconditional release of liability to the greatest extent of the law.

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Print Participant's Name

Date

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Print Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date

# Required

## MINOR PARTICIPANT EMERGENCY CONTACT AND MEDICAL RELEASE FORM

Name of Minor Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address City State Zip*

Home phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contacts/Authorized Pick-Ups: (required)

Please list other possible individuals who may be contacted in case of emergency if you are not available, and whether or not they are authorized to pick up the minor. Please note, any person not listed below WILL NOT be permitted to pick up the minor without written permission from a parent or legal guardian.

Name	Phone	Pick-Up?	Relationship to Minor
1.		YES / NO	
2.		YES / NO	
3.		YES / NO	

### Medical Conditions/Allergies: (required)

If the minor has any condition that may require special treatment it is imperative that a medical provider is alerted. Please indicate below any on-going medical or emotional problems that may require special attention (e.g., epilepsy, allergies, asthma, disability, anxiety, depression, etc.) including medications currently taken. Use reverse side if necessary.

Medical Condition(s):	Medication/Dosage:	With Minor?
		YES / NO
		YES / NO
		YES / NO
Allergies:	Describe reaction:	Severity?
		LOW/MED/HIGH
		LOW/MED/HIGH

Primary Care Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Company Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I verify that all the information provided is correct and complete. I realize that participation involves an inherent potential risk. In the event of an emergency, I authorize the University of New Mexico ("UNM") and its agents or representatives to make arrangements as reasonably necessary to ensure my child's welfare. In the event of an emergency, permission is granted to UNM to authorize emergency transportation, emergency medical care and/or treatments and hospital care for the minor. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Print Parent/Legal Guardian Name

\_\_\_\_\_  
Date

# Required

## Swimming Activity and Swimwear

*RADcamp includes an optional daily swimming activity. Most campers love this part of the day most! To make sure every camper is comfortable and safe, we have a couple of questions:*

**Camper Shirt Size:** \_\_\_\_\_

**Will your camper require assistance with getting in and out of their swimwear?**

Circle one:                      YES                      NO

**Does your child struggle with swimming? Will your child need assistance to participate in open swim (floaties, intertubes, vests, close supervision, etc)?**

Circle one:                      YES                      NO

Comments: \_\_\_\_\_

\_\_\_\_\_

## Camper Temperament

**How does your camper handle big emotions?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Has your camper ever been violent towards other children they may be having issues with?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Do you have anything about your camper, in regards to behavior, you would like RADcamp staff to know?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Optional

## Hospitalization/Serious Injury

In the event of a serious injury, EMS will be called by RADcamp staff. EMS will most likely transport your camper to UNM Hospitals. **If this is not where you'd like your camper to be transported**, please fill out this form.

Hospital Name: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Optional



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NEW MEXICO®

## The University of New Mexico

### Consent to Photograph/Video Record

I, the signed below, do hereby give The University of New Mexico and its designates the irrevocable right to use photographs of me, and or my property, my name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including composite or modified representations, for advertising, trade or any other lawful purposes, without further compensation to me, and I waive any right to inspect or approve the finished version(s), including written copy that may be created and appear in connection therewith. All negatives, positives, and digital files, together with the prints shall constitute The University of New Mexico's property, solely and completely. I am of full age. I have read this release and am fully familiar with its contents.

\_\_\_\_\_  
Participant's Name (printed)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

(For minors, age 17 and under, parent or guardian signature is required)

\_\_\_\_\_  
Parent/Guardian Name (printed)

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

\_\_\_\_\_  
Relationship to Minor