



MIDWINTER 2024 REGISTRATION FORM

Camper: _____ Male or Female _____ Age: _____ Birthday: _____
Address: _____ City: _____ State: _____
Grade Entering this Fall: _____ Baptized? Yes or No _____
Parent or Guardian: _____ Contact Phone Number: _____
Emergency Contact Name: _____ Number: _____
Email Address: _____

Grades: 6-12

Date: January 12-14

Cost: \$100

Register By: January 8th

CAMP REGULATIONS

1- ALL faculty and campers are to abide by the schedule unless excused by the Dean or Camp Manager. 2- NO one is permitted to leave the camp without the permission of the Dean. 3- The use of tobacco, intoxicants or illegal drugs are strictly prohibited at all times including VISITORS. Visitors are to observe camp rules while on campus. 4- In matters of dress, modesty must prevail. No halter tops! 5- SICKNESS and injury must be reported to the CAMP NURSE immediately. 6- PLEASE- Magazines, pets, comic books, firearms, knives, fireworks and the like are NOT to be brought to camp. 7- CELL PHONE use will not be permitted during camp. 8- All campers are required to use the facilities and accommodations in accordance with their God created biological gender at birth. 9- ALL motor vehicles, if brought to camp, will be under strict regulation of the Camp Manager. 10- ANY camper causing property damage will be held responsible for the cost of repair or replacement. The cost will be determined by the Camp Manager. 11- The DEAN of the week, in consultation with other adult staff, has the authority, given them by the CAMP ASSOCIATION, to dismiss ANYONE who violates these rules or conducts themselves in an un-Christian manner. 12- "Rules for acceptance and participation are the SAME for everyone, without regard to race, color or national origin."

I have read the GCC Camp Regulations and agree to them. Initial: _____

LIABILITY and MEDICAL RELEASE FORM:

I certify that _____ has my approval to participate in the camp program. FURTHER, I do release and hereby agree to hold blameless the named church and Guadalupe Christian Camp and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family because of participation in said activity or other activities associated with Guadalupe Christian Camp.

My child has my permission to participate in any hiking activities that are scheduled by Guadalupe Christian Camp. YES NO _____ (initial)



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FURTHER, I do authorize the Minister or Sponsor of this activity, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency or surgical treatment for my child in the event of sickness or injury requiring emergency treatment while on this trip. It is understood that I will assume any financial responsibility for any expenses that may be incurred for said emergency treatment.

FURTHER, I do CERTIFY that my child is covered by adequate medical insurance. My consent and signature is given below. I have read and agree to the information given in this entire form. (Signature of Parent or Guardian) (Date) HEALTH INFORMATION FOR CAMP NURSE: There will be a Registered Nurse on duty at camp. She/He will need your permission to administer additional medications if necessary to your child. When sending medications with your child, the medications must be in the proper container with labeled instructions by the DOCTOR. Some of the medications that are available at camp are:

TYLENOL IBUPROFEN TUMS PEPTO BISMOL IMMUDIUM EYE DROPS NEOSPORIN BENADRYL CREAM
CORTISONE CREAM COUGH SYRUP COUGH DROPS BENADRYL SUDAFED

Please MARK OUT and INITIAL the ones your child may NOT have. If none of these are marked, I will know it is OK to administer medications if needed.

Allergies: _____

Medications(What and how often: _____

I hereby certify that _____ is in good physical condition with no organic weakness or other problems that would make it unsafe to engage in normal camping activities such as competitive games, running or hiking. My signature for approval is below.

I, _____, give the CAMP NURSE permission to administer the above described medications to my child, _____. You may administer all medications except the ones marked and initialed.

Parent or Guardian: _____ Date: _____

If you have any questions, please contact the CAMP NURSE at camp— (575-981-2426)

If you would prefer that your child's image is NOT used in any social media postings or camp promotional materials, please initial here, otherwise, leave this blank. _____



MIDWINTER 2024 Packing FORM

- Have ALL appropriate registration forms/permission forms signed.
 - Check or Cash registration fee (No Credit/Debit cards)
 - Appropriate clothes for cold weather
 - Clothes that you can get dirty during rec time.
 - Jacket
 - Hiking/walking shoes
 - Toiletries (tooth brush, deodorant, towel, soap, etc.)
 - All prescription medications (turn in to and notify Nurse)
 - Shower shoes
 - Bedding (Sleeping bag or twin sized sheets, blanket and pillow)
 - Water bottle(s)
 - Flashlight with extra batteries
 - Back pack to carry personal items
 - Bible
 - Notebook or Journal
 - Pens/pencils
 - Personal or Box fan for dorms (Optional)
 - Extra money snack and sodas (Optional)
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- *Cell phone use will not be permitted during camp. Please leave all other electronic devices such as Nintendo Switches, other gaming devices, and tablets at home. The camp will not be responsible for any damaged or stolen electronics brought to the camp.