



1. Please complete registration form in full.
2. Please include the registration fee in full or indicate that you paid online using 
3. Make checks payable to "Community of Christ."
 - My registration fee of **\$245** is enclosed.
 - i. Registration fee is **\$225** for each additional sibling.
 - I have paid online using 
4. Mail registrations forms along with registration fee to:
 - Bruce Darrington, 210 Astor Dr., Las Cruces, NM 88001-7403
 - Please check with your pastor or congregations financial officer to see if your congregation or mission center will assist you in paying for this activity. If they do assist you, it will be your responsibility to obtain a check from them to send in with your own check for the total registration fee.
 - Early registration is encouraged but not required. The total registration fee must be paid at the time of check in on opening day of camp!

Camper Information

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Grade Completed in School: _____

Birth Date: _____ Sex: _____

Roommate Preference: _____

Religious Affiliation: _____

Parent/Legal Guardian Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *City* _____ *State* _____ *ZIP Code*

Primary Phone: () _____ Alternate Phone: () _____

Relationship: _____

Person(s) allowed to pick your child up from camp: _____

Medical Information

Allergy to foods, medications (if none, so state): _____

Is applicant currently under a physician's care for any acute or chronic medical condition? If yes, please explain. _____

Does applicant carry non-prescription medication on their person? (if none, so state) _____

Medication(s) and purpose: _____

Does applicant require prescription medications? (if none, so state) _____

Medication(s) and purpose: _____

Physician Name: _____ Physician Phone: () _____

Office Address: _____

Health Insurance Provider: _____ Phone: () _____

Policy Holder's Name: _____

Address: _____

Group Number: _____ Policy Number: _____

Please attach a copy of both sides of your insurance card.

Health Information

1. Does camper have or has camper had any of the following conditions? (Please mark "yes" or "no." If "yes" is marked, please list approximate date of last occurrence.)

Condition	No	Yes	Date	Condition	No	Yes	Date
Asthma				Bronchitis			
Rheumatic Fever				Hepatitis			
Scarlet Fever				Appendicitis			
Pneumonia				Epilepsy			
Anemia				Measles			
Heart Trouble				Whooping Cough			
Diabetes				Tuberculosis			
Kidney Trouble				Mumps			
Heart Murmur				Chicken Pox			
Frequent Colds				HIV			
Sore Throats				Fractures			
Sinusitis				Nature of fracture			
Other conditions:							

2. Does camper have or has camper had any operations or serious injuries (describe and give dates):

3. Immunization Dates (A photocopy of the camper's health card may be attached, if any.)

DPT Booster	Diphtheria Booster	Tetanus
Smallpox	Typhoid	Tuberculin
Measles	Mumps	Polio Vaccine (Salk or Sabin)

4. Has individual recently been exposed to a contagious disease? (If "Yes," describe. If "No," so state)

As a parent/guardian I acknowledge that individual will be checked by the nurse at the start of camp for any condition that might be contagious. I also understand that should individual have to be sent home due to such a condition, I will be responsible for any and all transportation cost.

5. Does individual have problems in any of the following areas?

Vision Hearing

Hernia

Fainting

Diarrhea

Constipation

Sleep Walking

Bed Wetting

Recent emotional upset (death of family member, divorce of parents, etc.)?

6. Any other medical, emotional, psychological problems, dietary regime, or physical restrictions? If yes, please describe:

PERMISSION FOR MEDICAL TREATMENT

I, the undersigned, being the parent, legal next-of-kin, or guardian of
hereby authorize any necessary medical treatment for this person. I also guarantee payment of all charges
incurred during this medical treatment for Physician, hospital, x-ray, lab, drugs, ambulance, etc.

Signature of Parent/Guardian

Release & Waiver of Liability Higher-Risk Activities

I certify that I have decided to participate in the following activity with full knowledge of the potential danger, and understanding that participation in the activity involves potential risks and dangers, including but not limited to transportation to and from said activities, and drowning, bodily injury, closed head injury, concussion, partial or total disability, paralysis and death to participant's person and damages which may arise there from, and that we (I) acknowledge said risks of the following activity:

- Archery

I declare and attest that I am willing to assume all risks in order to participate. In consideration of this right to participate, I waive any and all claims for myself and my heirs or anyone else claiming on my behalf for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever due to ordinary negligence, against Community of Christ, its heirs assigns, or employees, because of injury or illness that may result from my participation in this activity. By this agreement, I agree to refrain from instituting or aiding in any claim or demand for damages, expenses, or compensation against and indemnify and hold harmless the Community of Christ, its heirs, assigns, or employees in connection with my attendance at and participation in this activity.

Signature

Print Name

Signature of Parent or Guardian

Date

Date of Birth
(if under the age of 18 years – parent or guardian must consent)

CAMP ZIYOCA 2009

Notice to Parents and Campers Expectation and Standards

Camp should be an enjoyable time of sharing and growing together. Experience has shown that camp is most successful when certain standards are enforced. Parents are responsible for reviewing the following expectations and standards with their camper and by sending their camper, parents agree to come to the campground to pick up their camper should it become necessary due to violations of camp expectations and standards. Campers are responsible for complying with these expectations and standards and may be asked to leave the campgrounds for violations of them. (for the ** expectations listed below campers will be automatically sent home)

BE WHERE YOU ARE SUPPOSED TO BE

You are required to attend all activities of the event, unless excused by a staff member.

You will be under staff supervision and will participate in KP and clean up.

You are not permitted to leave the event, except for supervised activities.

You will be in your cabin at lights-out until morning.

You will surrender you vehicle keys to the Director, if you have driven yourself to the event.

THE SPIRIT OF COMMUNITY REQUIRES

Use of proper language

Treating other people's property with respect (hands off)

Being kind to others (No rudeness, no put downs, no racial jokes)

Respectful attitudes towards persons in charge

Proper clothing (no beer or alcohol slogans, no low riding pants/shorts, no revealing clothing)

DO NOT BRING

Electronic devices, including walkmans, video games, radios, clock radio, and/or tape players,

**Any controlled substance, alcohol, tobacco, firearms, fireworks and/or illegal drugs

****NO BOYS IN GIRLS CABINS, NO GIRLS IN BOYS CABINS.**

I take full responsibility for my conduct and will not hold staff or Community of Christ liable in case of accident or illness.

(signature of youth)

date _____

As a parent/guardian of above mentioned, I acknowledge that (s)he has read the standards & expectations, as I have

(signature of parent)

date _____