

**KIDZ CAMP**

For kids who have just completed 2<sup>nd</sup> - 6<sup>th</sup> grades!

**Where :** Fort Lone Tree – Capitan, NM

**When :** June 25-29

**Cost :** \$354

**MONEY AND FORMS ARE DUE April 22<sup>nd</sup> !**  
**PARENT MEETING May 6<sup>th</sup> at 4:00 in Kidz Church!**

Kidz Camp is a great way for your child to grow closer to God through worship, Bible study and being with their friends!!

We have worship each day and a Bible study.  
They have a waterslide, horseback riding, riflery, archery, Zip Line, Rock wall,  
Camp fire each night, Giant Swing, Race Cars and more!

**Please also attach a copy of shot records, insurance card and the Dr.'s note on Section B must be filled out by a physician!**

**Please Call Julie Batten for further questions**  
**at (806)535-7641!**

# LONE TREE CAMPS Registration/Health History Forms

Page 1 Section A to be filled out by ALL attending guests

Page 2 Section B for guests under 18 to be filled out by their parent and the bottom portion by a LICENSED PHYSICIAN  
THREE WEEKS prior to arrival completed forms need to be sent in.

FACILITY ATTENDING (CIRCLE ONE)      RANCH      FORT      LAKESHORE      MISSIONS

Date of Camp \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ M / F First LT camper? Y / N

Name of Camper \_\_\_\_\_ Group Name \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Home # \_\_\_\_\_

Parent/Guardian: (for those under 18) \_\_\_\_\_ Cell # \_\_\_\_\_

Parent/Guardian: (for those under 18) \_\_\_\_\_ Cell # \_\_\_\_\_

\*In case of emergency please notify:

Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Relationship to camper \_\_\_\_\_

Family Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

**\*\* PLEASE SEE ATTACHED MEDICAL FORMS \*\***

*If you or your child should require medical attention while at one of the Lone Tree Camps for injuries received or illnesses contracted prior to coming, please send information necessary to give him/her proper medical service during this time.*

*In case of emergency, I hereby give permission to the physician selected by the camp director or his staff to hospitalize and secure proper treatment for and order injections, anesthesia or surgery for me or my child as named above. I also hereby give my permission for me or my child to participate in all activities, including but not limited to Swimming, Boating activities, Blobbing, Bike Ramp, River Float, Hotsprings, Field Sports, Mountain Rappelling, Vehicle Transportation, Climbing, Waterslide, Mechanical Bull, Archery, Rifle Range, Hayrides, Horseback Riding, Cycling, Zip line, Swings, Caving, Diggler Mountain Scooters.*

*I am also responsible for securing transportation for my child from camp, pick up will be supervised and approved by myself or by the designated on-site leader that attends camp with the campers' church or school group.*

*I agree to assume, as an explicit condition of me or my child's/ward's participation, any and all risks, including but not limited to these enumerated above. **I agree to release, discharge and hold harmless** Lone Tree Inc, it's staff, the sponsoring church or group and its members from any and all liabilities, claims, demands and causes of action whatsoever which may arise due to the participation of myself or my child/ward.*

*I realize, also that in the event of illness or injury while attending camp or participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and **I agree to bear the cost of such treatment.** If any changes occur, I will contact the director in writing.*

*Periodically, photographs, videos or interviews are taken during the camp session. I acknowledge that by my or my child's participation in a Lone Tree camp session, I give permission and consent for any such photographs, videotapes or interview to be used or published to illustrate report, promote or advertise the camp.*

\_\_\_\_\_/\_\_\_\_\_  
Father/Guardian Signature (for those under 18)      Date      Mother/Guardian Signature      Date

\_\_\_\_\_/\_\_\_\_\_  
Adult Signature (for those over 18)      Date

Page 2 Top portion to be filled out by parent. Bottom portion filled out by a **LICENSED PHYSICIAN** for **ALL** guests under the age of 18. Forms to be returned **TWO WEEKS** prior to arrival in order to attend camp

**FACILITY ATTENDING (CIRCLE ONE)      RANCH      FORT      LAKESHORE      MISSIONS**

Campers Name \_\_\_\_\_ Date of Camp \_\_\_\_\_

- ✓ **Attach a photocopy of the Front and Back of Insurance Card (essential in emergencies).**
- ✓ **If you do not have Insurance, please call our office to receive an Insurance Disclaimer Form.**

Please list any chronic or recurring illnesses or medical conditions (stomach upsets, rash, frequent cold, etc...), current physical, mental or psychological considerations and **list any allergies** (include food allergies), also list any treatments being taken or given.

Camp Nurse/Administrator may administer the following to my child (check if applicable):  
\_\_\_\_\_ Pepto Bismol  
\_\_\_\_\_ Cough Drops    \_\_\_\_\_ Cough Syrup    \_\_\_\_\_ Acetaminophen (Tylenol)    \_\_\_\_\_ Ibuprofen (Motrin)    \_\_\_\_\_ Aspirin (Bayer)

Operations or serious injuries with dates \_\_\_\_\_

Swimming or Activity Restrictions \_\_\_\_\_

**MEDICATIONS:**

- ✓ A Medication Slip is attached and should be used for prescription medication that will be submitted to camp staff at check-in. The top portion is for check-in, the bottom portion should be attached to this registration page.
- ✓ Campers must also submit non-prescription medications and vitamins upon check-in.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in.

**HEALTH CARE RECOMMENDATIONS BY LICENSED PHYSICIAN  
A COPY OF A SPORTS PHYSICAL WITHIN THE LAST TWO YEARS WILL BE ACCEPTED**

(\*) I have examined the above camp applicant within the past 24 months \_\_\_\_\_ No    \_\_\_\_\_ Yes    \_\_\_\_\_ Date Examined

In my opinion, the applicant is physically able to participate in an active camp program \_\_\_\_\_ No    \_\_\_\_\_ Yes

List any medically prescribed meal plan or dietary restrictions \_\_\_\_\_

Current or on-going treatments and/or medications \_\_\_\_\_

(\*) Licensed Physician's Name \_\_\_\_\_ (\*) Signature \_\_\_\_\_

(\*) Address \_\_\_\_\_ (\*) City \_\_\_\_\_ (\*) State \_\_\_\_\_ (\*) Zip \_\_\_\_\_

(\*) Phone \_\_\_\_\_ Date Form Completed \_\_\_\_\_

Form completed by (If other than Physician) \_\_\_\_\_

*Please complete each line above and note that items with an asterisk (\*) are especially important. Thank you!*

**MEDICATION INFORMATION A – (1) Slip Per Camper**

- ✓ Campers to submit medications in a (1) one-gallon clear baggie.
- ✓ (1) bag may contain all medications.
- ✓ Please PRINT information and place this slip in the baggie with the medication in the prescription container.
- ✓ Medications cannot be accepted loose or in an unmarked container.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in. Non-prescription medications, vitamins and scheduled allergy med's should also be submitted.
- ✓ Please indicate if any medication requires refrigeration

Camper: \_\_\_\_\_ Group: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_

\*\*\*\*\* Check-in Use Only Below \*\*\*\*\*

Counselor: \_\_\_\_\_ / Cabin: \_\_\_\_\_ Male /Female

*We suggest you make a copy of all forms for your records and cut here for use*

**MEDICATION INFORMATION B – (1) Slip Per Camper**

- ✓ Please PRINT information and submit this slip with your registration paperwork SECTION B (PAGE 2).
- ✓ Medications cannot be accepted loose or in an unmarked container.
- ✓ Certain items such as Inhalers or critical EpiPens may be kept by the camper upon the staff's approval at check-in. Non-prescription medications, vitamins and scheduled allergy med's should also be submitted.
- ✓ Please indicate if any medication requires refrigeration

Camper: \_\_\_\_\_ Group: \_\_\_\_\_

Parent: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Frequency: MORNING /BREAKFAST / LUNCH / DINNER / BEDTIME Other: \_\_\_\_\_



No Health Insurance Disclosure

I understand that my child \_\_\_\_\_ does not have health insurance.

- I agree on behalf of my child that my child shares the responsibility for safety during Lone Tree programs and activities, and I personally assume on behalf of my child that responsibility.
- I am responsible to cover the costs of any treatments that might be needed while attending Lone Tree Camp.
- I understand that Lone Tree will make all possible effort to inform me in the event of such treatment.
- I understand and certify that my child's participation in Lone Tree's program and its activities is completely voluntary.

Does your child or camper require limitations or restrictions to any activity while at camp?

No  Yes

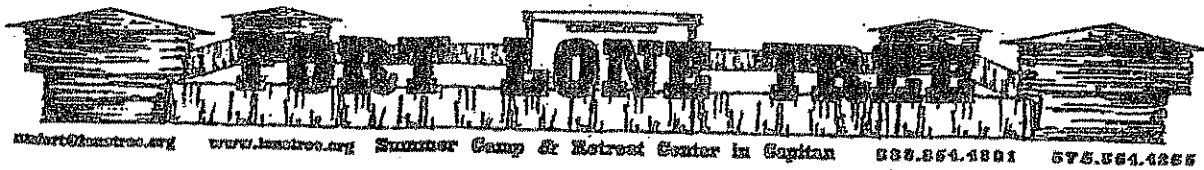
If "Yes", what limitations/restrictions do you recommend? Describe below. Attach additional information if needed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

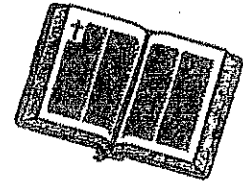
\_\_\_\_\_  
Date

P.O. Box 713, Capitan, NM 88316  
www.lonetree.org  
575.354.3322  
e: lonetreeoffice@gmail.com



## What You Should Bring To Fort Lone Tree

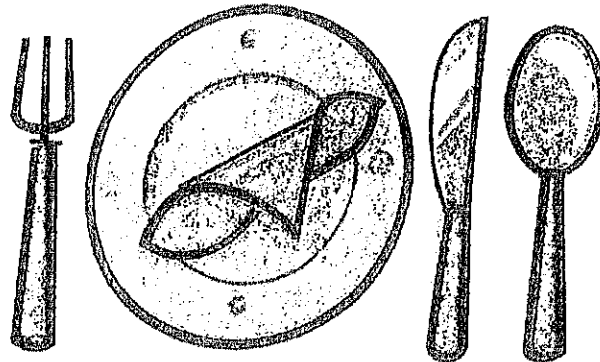
- Bible, Journal, Pencil
- Toiletries
- Wrist watch
- Hat or cap, and sunglasses
- Sleeping bag and pillow
- Towels and wash cloths
- Lip balm, sun screen / sun block, lotions (it's hot, sunny, and dry here)
- Raincoat or poncho (but it does rain now and then...)
- Laundry bag or duffle bag for dirty laundry
- Flashlight and batteries
- Water bottle
- 2 pairs of Tennis shoes or hiking boots
- 6-8 Shirts or T-shirts
- 1 Sweatshirts and/or 1 light jacket
- 3-5 Pair of shorts
- 2-3 Pairs of jeans
- 1 pair of slippers or other in-room shoes (good on muddy days)
- Swimsuit (modest, please...)
- Cowboy hat / boots / chaps / etc.  
(Not essential, but, c'mon, this here's the Ol' West)
- Spending money for the Sutler Store
- Camera



**PLEASE LEAVE AT HOME:** Jewelry, expensive watches, valuables, bikini swimsuits, short shorts, bare midriff tops, cell phones, MP3 players and any kind of gaming systems. Remember to be a good example of Christian modesty.

**YOU HAVE PACKED YOUR SUITCASE;  
NOW PREPARE YOUR MIND, BODY AND SPIRIT FOR A GREAT  
WEEK OF CAMP!**

# FRIDAY NIGHT DINNER AT FORT LONE TREE!!!



6:00pm dinner

7:00pm skits & fun!

**\$7 PER GUEST**

Parents are invited to join the camp on Friday night for dinner and skits by the campers.

It's a fun night for the whole family!

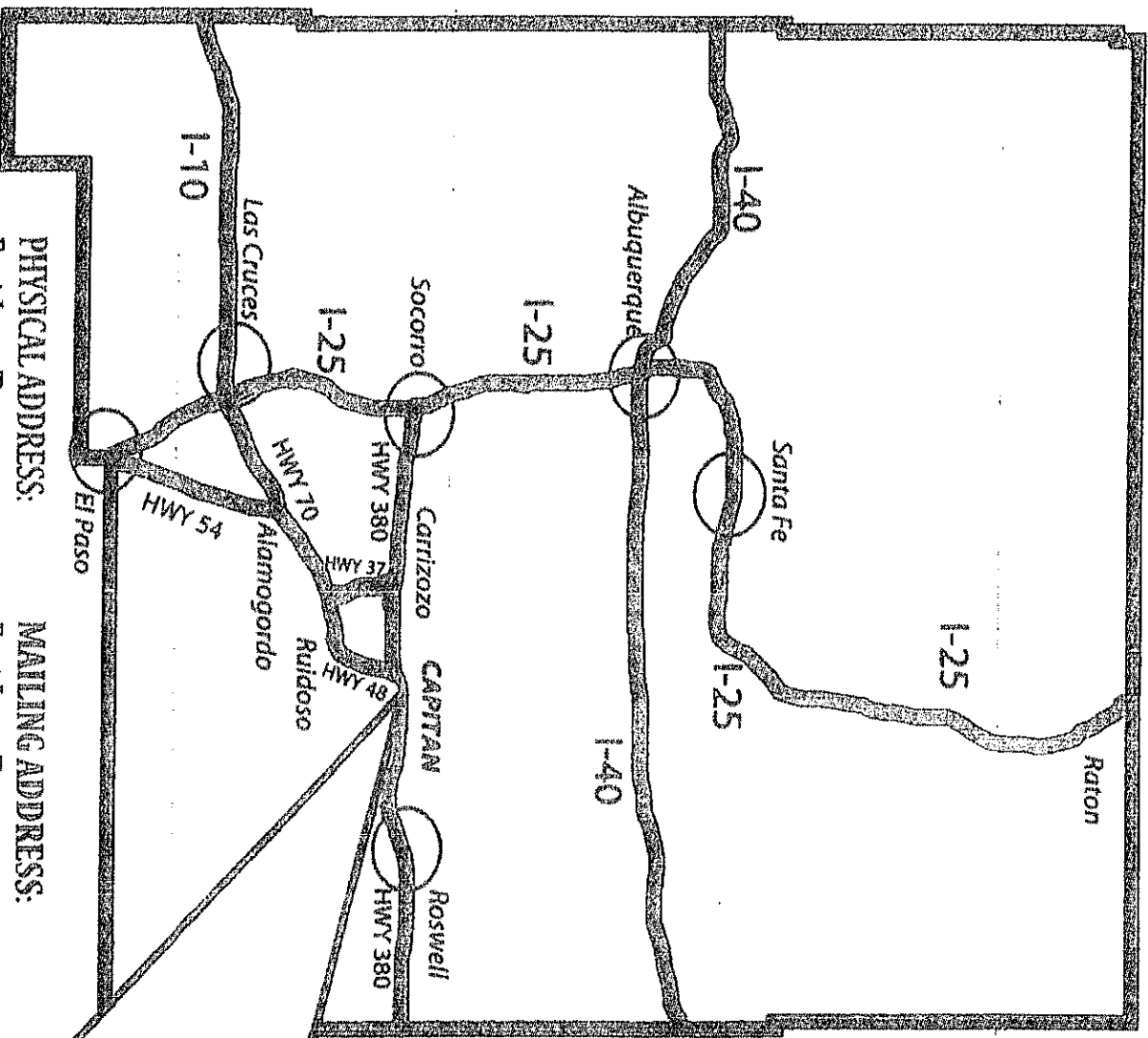
- Please note we ask for reservations in advance to best prepare.
- Reservations and payment should be made with registration through your group leader.
- If necessary, you may call the Lone Tree Office at 575-354-3322 through Tuesday afternoon of camp week. Payment may then be made at the door Friday evening.

COLORADO

# FORT LONE TREE LOCATION MAP

ARIZONA

TEXAS



Fort Office 575.354.4265  
 Main Office 575.354.3322

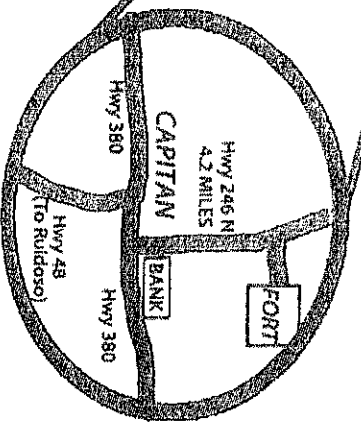
Get to Highway 380, which will take you to Capitan

In Capitan, take Hwy 246 North (bank on the corner) for 4.2 miles

At the Fort Lone Tree sign, turn right onto Fort Lone Tree Rd. (gravel)

Go 2 miles East to the second Fort Lone Tree sign

Turn left over cattle guard onto camp property. Go straight uphill 1/2 mile to camp headquarters



**PHYSICAL ADDRESS:**  
 Fort Lone Tree  
 307 Fort Lone Tree Rd.  
 Capitan, NM 88316

**MAILING ADDRESS:**  
 Fort Lone Tree  
 PO Box 547  
 Capitan, NM 88316