



# Camp La Junta Forms Info



We've had some changes from past summers, so please read all info below for completing your son's camp forms!!

## Health Form

Current health information is vital to ensuring your son's safety. **ALL CAMPERS must complete parts of both sides of the Health Form. Please read carefully the following information:**

**FRONT PAGE:** asks for health information including recent illnesses, allergies and medications. **All campers should list all medications** that are regularly taken, even if not sent to camp, and call us with any new additions prior to arrival. **The medical release must be signed to ensure treatment should it become necessary.**

**MEDICAL EXPENSES/INSURANCE:** We provide an excellent, low-cost, \$0.00 deductible insurance policy for every camper, which provides \$2500 in accident coverage. **Doctor's bills for illness and prescriptions while at camp, all medical accident charges beyond this coverage, and any subsequent insurance paperwork will be a parent's responsibility. Parents will be notified by phone or email of any illness and doctor's fees, and charges will be posted on campers' accounts.**

**BACK PAGE:** ALL CAMPERS MUST HAVE HAD A COMPLETE PHYSICAL IN THE PAST YEAR TO ATTEND CAMP. 1. If your camper has had an exam and has passed it with no medical problems or conditions since the exam, you may sign the box indicating such and not be required to have another exam. NEW CAMPERS must also send a copy of this recent exam. 2. If your camper has NOT had an exam in the past year, he must have one and ask your physician to complete this part of our form. Because of the time often needed to make appointments, we suggest you call your doctor immediately.

## Confidential Questionnaire

This form is the most important source of background, personal information for your son's counselors. Please check and revise any of the information in the top section, if needed, so we may edit your records; and fully complete the bottom portion. **Cabinmate requests:** In considering your son's cabinmate requests, please note that all requests must be mutual and of the same length of stay (camp session) and school grade. Please limit your number of cabinmate requests to two. We cannot guarantee more than one match, and we reserve the right to limit the number of boys from a given area in one cabin and to separate any boys who have not lived together well in the past. Also, if you wish your son to be separated from another boy, please indicate so; this will be given top priority. Know that in all cases, your son's best interests are our foremost concern. In addition, please feel free to use the back of this form to elaborate on anything, give us any additional information, or indicate special requests or concerns for his stay at camp.

## Release Form

**Requiring this form in no way diminishes our intention to provide the safest, best supervised and most secure camping environment for your child and an open relationship with our camp families.** Our insurance company and our attorney have asked that we only permit unchanged and signed forms before allowing attendance to camp. Please call us with any questions.

## Activity Form - complete online

Please use our **online form** to choose your son's activity preferences this summer. Campers should list, in order of personal preference, **all activities** listed on the form. **Wranglers** will have completed 3rd grade or lower by the summer; **Cowboys** have completed 4th or 5th; and **Tophands** have completed 6th or 7th grades. **Advanced Campers** (8th graders) do not need activity cards -- they will discuss and create a schedule with their counselors at camp. If we do not receive your activity form by May 1, we will create a schedule without one. If you do not have internet access, you may call us for a paper form. FYI: **Adventure Sports** = ropes course & climbing wall; **\*Leisure Sports** = golf, horseshoes, frisbee golf, washer pitching, etc.; **Camp Crafts** = hiking, campfire building and cooking, orienteering, knot-tying; **Indian Lore** = Indian games and legends, war paint; **Nature/Crafts** = nature and environmental study mixed with arts and crafts; **\*Water Games** = rope swing, water slide, blob, etc.; **Hunter Safety** = shotguns, trap, skeet. **Tophand Extreme** = go carts and rope course. \* Please note that Water Games and Leisure Sports do not involve award patches.

### Deadlines

**April 15:** Group Transportation Reservations  
Tuition Balance  
**May 1:** Forms -- Confidential Questionnaire, Health Form, Release and Activity Card

Replacement forms may be found on our website -- [www.lajunta.com](http://www.lajunta.com) -- or call us to have them faxed or mailed.

### 2008 Term Dates

First Term: June 8 - July 3  
Second Term: July 8 - Aug. 2  
1A: June 8 - June 20  
1B: June 21 - July 3  
2A: July 8 - July 20  
2B: July 21 - Aug. 2



# Camp La Junta Pre-Camp Checklist



## **By April 1**

- Contact camp if you would like to put tuition on a credit card. Make sure card info is posted on your Camp Minder account (3% online convenience fee will also be charged).
- check Camp Minder site for updates and Director's notes

## **By April 15**

- Tuition Balance checks due
- Camp Bus Reservation (option for Houston & D/FW)
- Make arrangements with family doctor for Camp Physical
- Obtain a footlocker

## **By May 1**

### **Complete and mail the following:**

- Health Form
- Confidential Questionnaire
- Release form
- Activity Card - campers complete online
- check Camp Minder site for updates and Director's notes

## **Before Camp**

- Review Camp Policies and Procedures Form
- Make travel plans and arrangements, map route to camp, etc. for both opening and closing.
- Label and pack clothing/ equipment on What to Bring List
- Ship Footlocker (optional - mostly for air or bus arrival)
- Read "Homesick Information" (on website)
- Read & discuss Camper Behavior Agreement with son
- Check your CampMinder record online - update your info.
- Plan "play-time" for those left behind! 😊



# Camp La Junta Health Examination Form

First Term	<input type="radio"/>
1A	<input type="radio"/>
1B	<input type="radio"/>
Second Term	<input type="radio"/>
2A	<input type="radio"/>
2B	<input type="radio"/>
Please indicate your term.	

Camper's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Parent's Name(s) \_\_\_\_\_ Camper's Age: \_\_\_\_\_

Address \_\_\_\_\_  
House no. & Street City State Zip

In an Emergency, Notify \_\_\_\_\_ Phone \_\_\_\_\_

**Please comment on the frequency of the following conditions for your son. (Please list dates below)**

Colds _____	Fevers _____	Seizures _____
Sore Throats _____	Bed Wetting _____	Asthma _____
Sinusitis _____	Headaches _____	Bleeding/Clotting Disorders _____
Ear Infections _____	Stomach/Digestive Problems _____	Diabetes _____
Bronchitis _____	Athletes Foot _____	Heart Defect/Disease _____

Please list any childhood diseases he's had (measles, mumps, chicken pox) and dates: \_\_\_\_\_

**IMPORTANT: The Camp must be notified if this camper is exposed to any major communicable disease -- eg. Chicken Pox, head lice, meningitis, hepatitis -- during the three weeks prior to camp attendance to determine if a delayed arrival is necessary.**

Please list any medications (with dosages) that your son will be bringing to camp \_\_\_\_\_

Allergies (list) \_\_\_\_\_  
 Serious Poison Ivy, Oak or Sumac Reactions. \_\_\_\_\_  
 Allergic Reactions: Stings \_\_\_\_\_ Penicillin \_\_\_\_\_ Other Drugs : \_\_\_\_\_  
 Operations, Serious Injuries (give dates) \_\_\_\_\_  
 Disabilities, chronic or recurring Illness \_\_\_\_\_  
 Nervous Disorders \_\_\_\_\_ Learning Disabilities \_\_\_\_\_  
 Details of any of the above information \_\_\_\_\_  
 Any specific activities to be restricted? \_\_\_\_\_

**MEDICAL EXPENSES/INSURANCE**  
 Secondary to your health insurance policy, campers are covered under a camp accident policy which has 0 deductible and \$2500 accident coverage. Illness-related bills (prescriptions, doctor's visits, etc.) and accident bills exceeding this coverage will be the parents'/guardians' responsibility. Please provide the following information (or attach a copy of your insurance card - front and back):

Insurance Provider: \_\_\_\_\_ Policy Holder's Name: \_\_\_\_\_  
 Insurance address: \_\_\_\_\_ Insurance phone: \_\_\_\_\_  
 Policy/Group No. : \_\_\_\_\_

**Important Release - Must be Completed before Attendance**  
**Parent's Authorization:** This health history is correct so far as I know, and my son is physically able and has permission to engage in all prescribed camp activities except: \_\_\_\_\_  
 If medical treatment is necessary, I hereby give permission to the camp director to secure proper medical treatment, which may include, but not be limited to medication, medical, dental and/or orthodontic care, hospitalization, surgery, ordering of injection, and/or anesthesia, for my son.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent

**IMMUNIZATION HISTORY:**

Record of dates of basic immunizations and most recent booster dates (copy of home doctor's record may be attached):

DTaP Series & boosters \_\_\_\_\_ Tetanus Booster \_\_\_\_\_

Polio OPV/IPV & boosters \_\_\_\_\_ Chickenpox (Varicella) \_\_\_\_\_

Measles, Mumps Rubella MMR \_\_\_\_\_ Hepatitis B \_\_\_\_\_

Hib series \_\_\_\_\_ Other \_\_\_\_\_

Any major illnesses in the past year: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Campers must have had a complete physical in the past year and sign below stating such (new campers send copy of exam), OR must have a Physician complete the form below.**

I hereby confirm that my son has successfully passed a doctor's physical examination in the past year. Unless stated on the front of this form, he is healthy to participate in all camp activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent

**MEDICAL EXAMINATION:** to be completed by licensed physician.

This exam should be performed within 12 months of arrival at camp. Examination for some other purpose within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Code: *S - Satisfactory*                      *X - Not Satisfactory*                      **O - Not Examined**

Hgt. \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_

Eyes \_\_\_\_\_  
 glasses \_\_\_\_\_  
 Ears \_\_\_\_\_  
 Nose \_\_\_\_\_  
 Throat \_\_\_\_\_  
 Teeth \_\_\_\_\_  
 Heart \_\_\_\_\_  
 Abdomen \_\_\_\_\_  
 Hernia \_\_\_\_\_

Extremities \_\_\_\_\_  
 Posture (spine) \_\_\_\_\_  
 Skin \_\_\_\_\_  
 Allergy: Please specify \_\_\_\_\_  
 \_\_\_\_\_  
 General Appraisal: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Recommendations or restrictions while in camp:**

Diet Modifications \_\_\_\_\_

Current Medication(s) (specify) \_\_\_\_\_ Is parent sending it? \_\_\_\_\_

Swimming, diving restrictions \_\_\_\_\_

Strenuous Activity \_\_\_\_\_

Other \_\_\_\_\_

I have examined the person herein described and have reviewed his health history. It is my opinion that he is physically able to engage in all camp activities, except as noted above.

\_\_\_\_\_ M.D.  
 Examining Physician

Telephone no. \_\_\_\_\_  
 Area code & No.

Address \_\_\_\_\_

Date \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_



# Camp La Junta

## Confidential Questionnaire

Term (please check correct term)

- 1st     1A     1B  
 2nd     2A     2B

**Camper's Name** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

This questionnaire will furnish the Director and counselor staff with information necessary to accurately assess your son's physical and psychological needs, attain the proper cabin and activity assignments, and properly safeguard his health. **Too much emphasis cannot be placed on the importance of this information;** therefore, parents are asked to exercise the utmost thought and consideration in answering these questions. Your son's welfare is important to us, so please be as precise and elaborate as possible.

Custodial Parents' Names: \_\_\_\_\_  
 Home phone: \_\_\_\_\_  
 Work phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Non-Custodial Parents Names: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Cell phone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

### Family Information:

Does Camper live with both parents? \_\_\_\_\_ If not, then with whom? \_\_\_\_\_  
 Name and address of Second Parent: \_\_\_\_\_

**If not living with both, should both parents receive counselor reports?** \_\_\_\_\_

List members of Camper's household (name, age, relationship): \_\_\_\_\_

Describe special family circumstances: foster parents, step-parents, recent deaths, divorce, arrests, relocations, particular religious preferences, etc. : \_\_\_\_\_

### Personal Characteristics:

Mark character traits most commonly exhibited around other children (use "O" for often and "S" for sometimes):

- |               |                |                 |                    |                       |                  |
|---------------|----------------|-----------------|--------------------|-----------------------|------------------|
| _____ shares  | _____ leader   | _____ energetic | _____ affectionate | _____ gets own way    | _____ timid      |
| _____ selfish | _____ follower | _____ quiet/shy | _____ unresponsive | _____ gives in easily | _____ aggressive |

**Frequent Sleeping Habits:** \_\_\_\_\_ talks in his sleep    \_\_\_\_\_ sleepwalks    \_\_\_\_\_ nightmares    \_\_\_\_\_ wets bed

**Eating Habits:** Eats: \_\_\_\_\_ moderately    \_\_\_\_\_ much    \_\_\_\_\_ little    \_\_\_\_\_ often    \_\_\_\_\_ picky

Has strong dislike for what foods? \_\_\_\_\_ Do **YOU** insist that he eat some of all foods? \_\_\_\_\_

Is he under the regular care of any physicians? (explain reasons) \_\_\_\_\_

Does he take any regular medication? (specify) \_\_\_\_\_

Has he had any emotional disorder? (explain) \_\_\_\_\_

Has he had any discipline problems at school? (explain) \_\_\_\_\_

Does he have any unusual fears? \_\_\_\_\_

What are his chief interests and hobbies? \_\_\_\_\_

Does he have any special talents? \_\_\_\_\_

Can he swim? \_\_\_\_\_ Read? \_\_\_\_\_ Any learning disability? \_\_\_\_\_

**Cabin Mates Requested (must be mutual/limit one)** 1. \_\_\_\_\_

Is there any specific thing he needs to gain from his camp experience? \_\_\_\_\_

*Please use the reverse side to explain anything else we should know about your child that could potentially effect the quality of his or another child's experience at camp. Please use the reverse side of this form to add any suggestions as to how we may best contribute to your son's development and desired goals or to explain in more detail any particular situations mentioned above.*



**2008 CAMP LA JUNTA  
PARTICIPATION AGREEMENT and RELEASE**

**CAMP: CAMP LA JUNTA is defined in this document as Camp La Junta 1928, LLC, its officers, directors, shareholders, partners, staff, employees, instructors, representatives, agents and counselors.**

**PARENT is defined as person(s) named below:**

**CAMPER is defined as child name below:**

\_\_\_\_\_   
 please print parent or guardian names

\_\_\_\_\_   
 please print camper name

**THE RELEASE**

CAMPER AND PARENT desire for CAMPER to use and participate (“Participation”) in the activities, programs, recreation and facilities of CAMP (collectively “Activities”).

PARENT AND CAMPER acknowledge the activities may include but are not limited to swimming, sailing, canoeing, kayaking, blobbing, rappelling, ropes course, hiking, games, horseback riding, team sports, crafts, tennis, riflery, archery, go carts, motor bikes, scuba, fishing, volleyball, flying, vehicle and equipment operation, overnight campouts, and other group games, sports and activities. PARENT AND CAMPER also understand that CAMPER must be driven to town if necessary to visit a doctor, dentist, or orthodontist or be driven to the starting point for special trips such as canoeing, horseback or orienteering. PARENT AND CAMPER realize that all of these activities can subject those involved to certain stresses and hazards, not all of which can be foreseen. PARENT AND CAMPER desire and consent to all such Activities (except those which are specified as Activity Exclusions). PARENT AND CAMPER assume all of the ordinary risks normally incident to the nature of the Activities to be conducted.

PLEASE LIST ANY SPECIFIC **ACTIVITY** EXCLUSIONS: \_\_\_\_\_

PARENT AND CAMPER understand that all regular camp programs may inherently include falls and abrupt and forceful contact with made-made and natural objects, including close personal contact and physical trauma associated with sports and other recreation, errors in judgement, failure to follow instructions, careless conduct of other campers or staff or contractors. PARENT AND CAMPER acknowledge there will be risks inherent with exposure to the elements of nature, including heat, cold, rain and lightning. PARENT AND CAMPER understand all programs involve potential exposure to food and water related ailments, trauma from contact with other persons and objects, emotional upset and in extraordinary cases, death, including drowning. PARENT AND CAMPER understand there are other inherent risks associated with all camping activities and vigorous recreation in a rugged outdoor environment and that CAMPER may suffer, among other injuries and ailments, cuts, fractures and sprains, insect, reptile and other animal bites, plant and other allergies.

PARENT AND CAMPER understand that the Activities may include on occasion CAMPER being driven off or around the premises of the CAMP property for special trips, campouts or other activities. PARENT and CAMPER realize that transportation within the grounds and not on public highways may be provided on non-licensed vehicles. PARENT AND CAMPER realize that transportation for the Activities involves a certain element of risk. CAMPER AND PARENT desire and consent to all Activities. PARENT AND CAMPER assume all of the ordinary risks incident to the nature of the Activities to be conducted, and the transportation to and from the Activities.

PARENT AND CAMPER are hereby informed that **under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a Participant in equine activities resulting from the inherent risks of equine activities.**

The risks described above are inherent to the activities of CAMP LA JUNTA. They are such an integral part of the activities that if CAMP LA JUNTA were to eliminate them, the camping experience would be quite different than that which PARENT AND CAMPER expect. Other risks may be encountered, inherent and otherwise.

PARENT acknowledges and understands that no warranty, either express or implied is made by CAMP as to the CAMP premises nor the Activities, that dangerous conditions do exist and THAT THIS DOCUMENT IS SUFFICIENT WARNING that there are numerous dangerous conditions, risks and hazards involved in Participation and that the Participation will expose CAMPER to such numerous dangerous conditions, risks and hazards. PARENT acknowledges and understands that the consequences of such risks and hazards may include illness, injury and death. PARENT further hereby states and confirms that PARENT INDIVIDUALLY AND ON BEHALF OF CAMPER, OTHER PARENTS AND FAMILY MEMBERS, EXPRESSLY ASSUMES ALL SUCH RISKS, HAZARDS AND DANGERS of the Participation with the understanding that CAMPER will be exposing both person and property to same.

IN CONSIDERATION FOR THE RIGHT TO PARTICIPATE IN CAMP ACTIVITIES PARENT AND CAMPER ON BEHALF OF THEMSELVES AND ALL OTHER FAMILY MEMBERS DO HEREBY RELEASE CAMP AND AGREE TO PROTECT, INDEMNIFY AND HOLD HARMLESS CAMP FROM AND AGAINST ANY AND ALL DAMAGES, CLAIMS, DEMANDS, CAUSES OF ACTION OF ANY SORT, INCLUDING ATTORNEY'S FEES, RESULTING FROM ANY ACCIDENT, INCIDENT OR OCCURRENCE ARISING OUT OF, INCIDENTAL TO OR IN ANYWISE RESULTING FROM CAMPER'S PARTICIPATION REGARDLESS OF whether same may result from NEGLIGENCE OF CAMP. PARENT hereby further covenants and agrees for PARENT AND CAMPER that PARENT AND CAMPER WILL NOT MAKE ANY CLAIM NOR INSTITUTE ANY SUIT OR ACTION AT LAW OR IN EQUITY AGAINST CAMP arising out of or related to CAMPER'S Participation and/or the Activities. PARENT has accurately disclosed and provided all information regarding CAMPER for Participation.

PARENT AND CAMPER understand that CAMP reserves the right to dismiss any person from further participation in its camping program in the event that CAMP shall determine, in its sole judgment, that CAMPER has been guilty of a violation of CAMP rules. PARENT AND CAMPER also understand that no deduction will be made from the tuition fee for absences or withdrawals before the end of the term, except in cases of withdrawal during camp on CAMP doctor's orders. In the case of withdrawal on CAMP doctor's orders, PARENT understands that the fee will be prorated. If this should happen, any additional transportation costs resulting from the early return home of CAMPER shall be borne by and be the responsibility of the PARENT.

PARENT AND CAMPER also understand that CAMP STRONGLY discourages CAMPERS from bringing valuables such as but not limited to radios, Mp3 players, CD or DVD players, CDs or DVDs, game and computer systems and expensive jewelry or activity equipment. If CAMPER chooses to bring such items CAMPER understands that CAMPER does so solely at CAMPER'S own risk.

CAMPER AND PARENT shall be liable for any damage to the property or facilities of CAMP or of the property or facilities of others resulting from acts of CAMPER AND/OR PARENT either solely or in concert with others which are not routine actions of the CAMP program, whether accidental, intentional or malicious.

PARENT AND CAMPER give permission and consent to the taking of photographs, video and interviews and give permission and consent for any such photographs, video or interviews to be published and used for advertising, promotion, publicity, or recreational viewing in publications and internet web sites related to CAMP, BUNK1 or other entity and their respective camping activities. PARENT AND CAMPER waive all claims for any compensation for such use or for damages.

The mandatory venue – the place where any case or dispute must be brought – shall be exclusive to Kerr County, Texas, and any action, suits or claims regarding CAMP and/or arising from CAMPER'S Participation shall be brought and maintained in Kerr County, Texas.

**We (PARENT AND CAMPER), the undersigned, by placing signatures on this document verify that we have read, discussed, understand and are in agreement with and fully accept all of the statements, policies and assignments.**

\_\_\_\_\_  
PARENT or LEGAL GUARDIAN Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
PARENT or LEGAL GUARDIAN Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
CAMPER Signature

\_\_\_\_\_  
date

