



PUEBLO OF ISLETA CAMP TRIUMPH 2016

The Isleta Police Department is inviting your child to come join our Third Annual "Camp Triumph". Camp Triumph is a multi-sector collaborative prevention program designed to keep youth free of substance abuse and criminal involvement. Camp Triumph provides the tools for the youth to build a positive framework with the assistance of law enforcement, New Mexico National Guard and prevention specialists to counteract the various factors that lead our youth to substance abuse, gang involvement and delinquency.

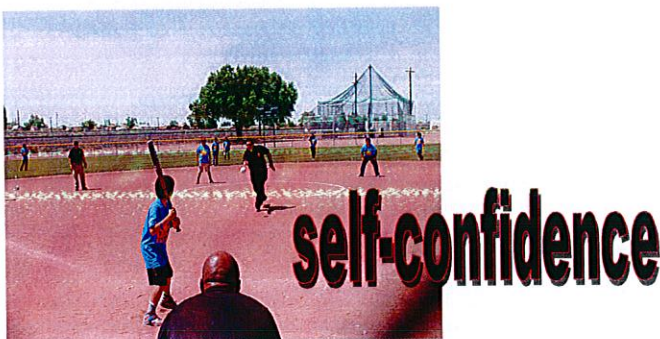
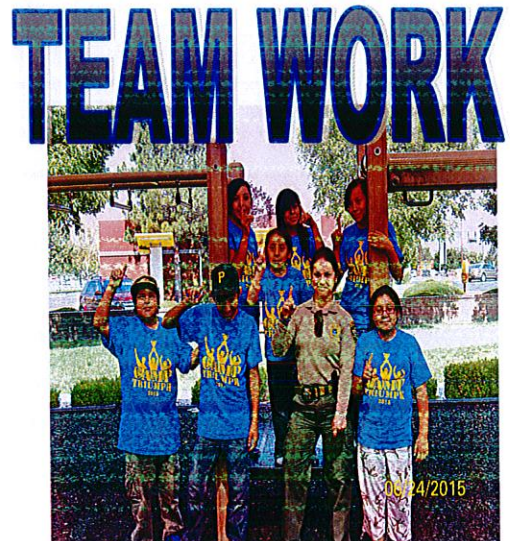
Camp Triumph is a FREE five day summer program which will be held on June 20-24th at the Isleta Recreation Center from 8am—4pm. Your child will be provided with refreshments, snacks, and lunch each day. We will have fun activities such as a day at Albuquerque Biopark (Zoo), National Guard Day at Kirtland Air Force Base, other fun activities and the final day at Isleta Lakes with a graduation BBQ.

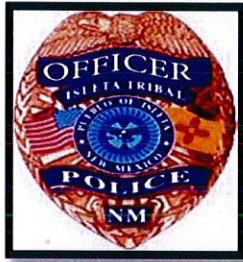
We want to empower our youth to make the right decisions in difficult situations and instill in them a spirit of community action, civic responsibility and teamwork to build a stronger community. So encourage your child to come join our camp. Past participants have built an immediate and a long-term relationship with our mentors and look forward to joining us again. So, please return the enclosed registration form immediately to reserve your seat. **A MANDATORY PARENT MEETING WILL BE HELD ON THURSDAY, JUNE 16TH AT THE REC CENTER at 6PM.** We are looking forward to seeing you at "Camp Triumph 2016"

Contact Information:

Detective Kathy Lucero, Isleta Police Department

869-9728 or 917-2221





AGES 10-16

CAMP TRIUMPH

CHILD'S INFORMATION

NAME: _____
First Name
Last Name

First Name

Last Name

DOB: _____ AGE: _____ GENDER: MALE FEMALE *Circle one*

ADDRESS: _____

SCHOOL ATTENDING 2016- 2017 _____ GRADE _____

Rate your child's physical health at this time : EXCELLENT GOOD FAIR POOR *Circle one*

List any allergies (including food allergies) or medical conditions your child may have.

Health Care Insurance _____ Hospital _____

Physician's Name _____ Physician's Phone Number _____

PARENT/GUARDIAN & EMERGENCY CONTACT

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

PARENT(S)/GUARDIAN(S) RELEASE OF LIABILITY

Agencies facilitating Camp Triumph are not responsible for any injuries sustained by any of the camp participants while they are participating in Camp Triumph activities.

I have read and understand the above statement and agree to release the Isleta Police Department and the Pueblo of Isleta of any liability.

NAME: _____ RELATIONSHIP TO CHILD: _____

DATE: _____ SIGNATURE: _____

*****IMPORTANT READ*****

IF YOUR CHILD HAS BEEN ACCEPTED TO CAMP TRIUMPH AND IS UNABLE TO ATTEND, YOU MUST GIVE NOTIFICATION IMMEDIATELY. FAILURE TO DO SO WILL RESULT IN YOUR CHILD OR SIBLING(S) NOT BEING ABLE TO PARTICIPATE IN ANY FUTURE CAMP TRIUMPHS.

Assistance for the Camp is provided by multiple agencies including The Department of Justice Bureau of Justice Assistance, Bernalillo County Sheriff's Department, the New Mexico National Guard, M.A.D.D., and Isleta Pueblo

CHILD'S RELEASE AND HOLD HARMLESS AGREEMENT

(Must be signed by Parent or Guardian)

By completion of this registration packet, I acknowledge that I understand although the Summer Youth Day Camp has taken precautions to provide proper organization, supervision, instruction and equipment for its programs, it is impossible to guarantee absolute safety. I have been informed and fully realize that there are inherent risks and dangers associated with this activity and that injury could result from my child's participation.

I give permission for my child to participate in the Summer Youth Day Camp and activities at Isleta Recreation Center Isleta, New Mexico. The activities will include the following: low ropes course, climbing wall, and the inflatable obstacle course, rappel tower. I give permission for my child to be transported in a government or government contracted vehicle if needed. I also give permission for any pictures taken of my child participating in Summer Youth Day Camp events to be used for publicity purposes.

As a condition precedent to my child being permitted to engage or participate in such activity, I, on behalf of my child, hereby forever release, acquit, discharge, indemnify and hold harmless the State of New Mexico, Albuquerque Public Schools, the New Mexico Army National Guard, the Bernalillo County Sheriff's Office, the Pueblo of Isleta, M.A.D.D. their agents, officers, and employees from any and all causes of action, including personal injury, illness, death, and property damage, costs, charges, claims, demands and liabilities of whatever kind, name or nature in any manner arising out of or in connection with my child's participation in the indicated activity.

CHILD'S PRINTED NAME

PARENT'S PRINTED NAME

DATE

PARENT'S SIGNATURE

HOLD HARMLESS AGREEMENT

I hereby authorize my minor/family member, _____,

(Print Participant's Name)

to participate in Camp Triumph "Guard Day", sponsored by the New Mexico National Guard, to be held on _____, Kirtland AFB, New Mexico. I understand that participation is voluntary and that, while care and attention will be given to the health and safety of the participants, the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees shall not be liable for illness or injuries sustained by my child while participating in the training event. I understand that participation in the training event may involve strenuous physical activity, and exertion, which could result in illness or injury to a Participant. Nevertheless, I accept and assume responsibility and liability for my minor/family member for such risks, if any.

I hereby release New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees from any and all claims or demands for damages, losses or expenses relating to all harm or personal injuries, including death, that my minor/family member may sustain and which in any way arises out of or is related to my minor/family member's participation in the training event. I shall indemnify and save harmless New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees from and against any and all claims, demands, liabilities, damages, expenses, attorneys fees, causes of action, suits or judgments by or on behalf of my minor/family member, my minor/family member's estate or any person or persons, arising from or relating to any harm or personal injuries, including death, that my minor/family member may sustain as a result of my minor/family member's participation in the training event.

I hereby authorize the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees to secure such emergency medical advice and services as may be necessary for my minor/family member's health and safety and I agree to accept financial liability for such medical advice and services, to the extent it may become necessary or needed.

Date: _____

(Printed name of Parent/Guardian)

(Signature of Parent/Guardian)

Medical Condition: No _____ Yes _____
(Please list on reverse side)

Allergies (Please list): _____

Medication Taking: None: _____ Yes: _____
(Please list on reverse side)

Emergency Telephone Number: _____

WOUND HARMLESS AGREEMENT

I, _____, wish to participate in Camp Triumph "Guard Day", sponsored by the New Mexico National Guard, to be held on Kirtland AFB, New Mexico. I accept responsibility for my own actions during the training program, and understand that the New Mexico National Guard, the Department of Military Affairs, State of New Mexico, its agents, officers, servants and employees reserve the right to exclude me from any activity for reasons of safety.

Date: _____

(Signature of Participant)