

# GILA CHRISTIAN RANCH

P.O. Box 1363  
Silver city, NM 88062  
575-535-2579 or 575-388-7971

**Wanted: Campers for our 2009 summer program!**

## Camp Dates

**Junior Week (ages 8-12\*):** June 8 – 13      **Teen Week (ages 13-19):** June 15 – 20

\*Twelve year olds in 7<sup>th</sup> grade may attend either Junior or Teen Week

**Arrival:** The arrival time for each camp week is 2:00 pm. Registration must be concluded no later than 3:00 pm.

**Departure:** Camp ends on Saturday at 10:00am.

## Cost

### **Youth Weeks:**

\$120.00 for registration received by May 10, \$140.00 thereafter.

### **Adult, Family, Couples and Church Retreats:**

A variety of formats, durations and accommodations can be provided. Cost will depend upon arrangements. Please inquire for more information.

## What to Bring

Sleeping bag, pillow, towels, sneakers (two pair are recommended) flashlight, water bottle or canteen, sun protection (such as long sleeve apparel, wide brim hats and sun screen), Bible (we use the King James Version), personal items, and writing materials. Do NOT bring items such as knives (even jackknives), radios, CD or tape players, electronic games like Gameboys, reading material not evidencing Christian principles, or anything our staff might deem improper, distracting, or offensive. Please mark belongings.

Campers may bring money for the snack shack and/or horse rides. Optional camper cash accounts are provided for the safe-keeping of any money sent with the campers.

## Camp Policies

### **Dress Code:**

**Boys:** Bring play clothes (no shorts) and at least two collared shirts. No t-shirts with unchristian writing or pictures. No jewelry. Guys may bring knee length shorts to wear at the waterslide only.

**Girls:** Bring play clothes (no shorts), dresses, skirts, or cullottes (knee length or longer). No questionable apparel (tight fitting tops, crop tops, slits above the knee, etc.). Girls wear knee length shorts or pants at the waterslide only.

### **Phone Calls:**

Under normal circumstances, due to logistical concerns, campers are not permitted to make or receive phone calls during the camp week. In case of emergencies, parents/guardians may contact the camp staff at 505-388-7971 or 505-535-2579.

### **Camper Medications:**

All medications must be turned into the camp nurse at registration. Detailed instructions for each medication must appear on the camper's registration form.

### **Sponsors:**

One sponsor or sponsor couple per church group may attend. Group size should be eight or more youth. Sponsors will be housed separately from campers. Accommodations vary according to availability. Sponsors pay camper rates.

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## Camp Registration Form

**Please Check One:**

Junior Camp  Teen Camp  Family Camp      Camp Week date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Sex:  M  F      Child's Age: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Home Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Church Phone #: \_\_\_\_\_ Pastor's name: \_\_\_\_\_

**Health History:** (Please enter details for allergies and medical conditions, including treatment):

Health Conditions (Check all applied):  Chronic Asthma  Heart Condition  Epilepsy  
 Diabetes/Hypoglycemia  Problems with heat  Others (list below)

Drug Allergies – please list: \_\_\_\_\_

Food Allergies – please list: \_\_\_\_\_

\_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Family Doctor's name: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

**Permission Signatures:**

I give permission for my child/dependent to take part in horseback riding. I understand horsemanship entails higher risks than many other activities and I will not hold the Ranch responsible should injury occur.

Yes      Parent's/guardian's signature: \_\_\_\_\_

No, horseback riding is not permitted.

I assume full responsibility for this child's welfare, and will not hold this organization liable in case of sickness, accident, or other. In case of medical emergency, I understand every reasonable effort will be made to contact the camper's parents or guardians. In the event I can not be reached, I give the doctor selected by the camp staff permission to secure medical treatment, including injections, anesthesia and surgery for my child as named above. I also affirm the medical information on this form is both complete and correct.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_