



# Junior Leadership Camp #2 Entry Form

## June 16th thru 22nd, 2019



Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade last completed: \_\_\_\_\_

Female  Male  T-Shirt Size: \_\_\_\_\_ Camper Email Address: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ (Parent/Guardian) Email Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Other than Parent/Guardian:**

Emergency Contact Name: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

*Please initial:*

**Agreement:** \_\_\_\_\_ "I hereby apply to enter my son/daughter/ward in the Junior Leadership Camp at New Mexico Military Institute and will assume the necessary financial obligations. I understand and agree to the Camp regulations which provide that **no refund** will be made if my student is withdrawn or dismissed after the start of Leadership Camp."

**Parent's Waiver:** \_\_\_\_\_ The undersigned, as parent or guardian of the above named participant, hereby give permission for the above named participant to enroll in the Junior Leadership Camp during the Camp session in June to be conducted at New Mexico Military Institute. \_\_\_\_\_ We (I) Hereby release and discharge New Mexico Military Institute, It's officers, agents, instructors and employees, from any and all claims, demands, suits, actions or causes of action which we (I) may now or hereafter have by reason of any illness, injury or accident incurred or suffered by the above named participant while enrolled at New Mexico Military Institute.

**\*Insurance:** \_\_\_\_\_ The undersigned acknowledges that New Mexico Military Institute does not carry medical insurance to cover participants. All participating students should be covered under personal or family insurance. We (I) hereby certify, under penalty of perjury, that the above named student, is covered under medical insurance and that this insurance will remain in effect throughout the summer camp session.

**\*Background:** Have you ever been dismissed from school?  **Yes**  **No**  
 Have you ever had a civil conviction/adverse adjudication?  **Yes**  **No**

**Testing & Photographic Consent & Release:** \_\_\_\_\_ I hereby authorize New Mexico Military Institute and those acting pursuant to its authority to:  **Record** my likeness and voice on a video, audio, photographic, digital, and electronic or any other medium, **Use** my name in connection with these recordings, **Use**, reproduce, exhibit or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the Institute, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts. **I release** the Institute and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. **I understand** that all such recordings, in whatever medium, shall remain the property of the Institute.

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Expiration Date of Insurance: \_\_\_\_\_

**Mail Completed Form To:**  
 New Mexico Military Institute  
 Daniels Leadership Center  
 Attn: Yolanda Duran  
 101 West College Blvd Roswell,  
 NM 88201  
 Phone: 575-624-8148  
 Fax: 575-624-8318  
 Email: nmmiprogramsdirector@nmmi.edu

**Payment:** Checks, Money Orders, or Cash accepted; Payment due by the first day of camp; Registration Fees are non-refundable (No exceptions)  
 Make checks payable to: New Mexico Military Institute