



LAS CAMPANAS  
COMPADRES

*People Helping People Reach New Heights*

## Las Campanas Compadres, Inc. Student Application Form

*Please mail application to:*

**Las Campanas Compadres, Inc.  
15 Buckskin Circle  
Santa Fe, NM 87506**

**Please be sure to sign the waiver form. Applications without a signed waiver form cannot be accepted**

### **STUDENT INFORMATION. Please Print**

Student Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Height: \_\_\_ Wt: \_\_\_ Age: \_\_\_ Date of Birth: \_\_\_ / \_\_\_ / \_\_\_ Male/Female \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone \_\_\_\_\_

### **PARENT/GUARDIAN INFORMATION**

Parent Name(s): \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Emergency Phone \_\_\_\_\_

### **MEDICAL INFORMATION**

Description of student's disability: \_\_\_\_\_

Are you currently taking any medication(s)? \_\_\_\_\_ Yes\_\_\_\_\_ No\_\_\_\_\_

Do you experience seizures? Are you currently taking any seizure medication? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_ Yes\_\_\_\_\_ No\_\_\_\_\_

*Circle the answers  
that best describe  
these questions:*

Ability to sense cold	Normal	Impaired	Unable
Comprehension	Normal	Impaired	Unable
Verbal communication	Normal	Impaired	Unable
Hearing level	Normal	Impaired	None
Vision/perception	Normal	Impaired	None

Please supply special medical considerations or specific information you feel we should know?

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Why are you applying for participation?

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What would you like to accomplish?

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**CIRCLE YOUR PREFERENCES FOR THE SPORT YOU WISH TO PARTICIPATE IN**

**Activity**

**Riding**

**Swimming**

**Day of the week for lessons:**

Monday

Friday

Saturday

**Time of lessons:**

10am-5:30pm

12pm-3pm

12pm- 3pm

**PROGRAM FEES**

Riding and swimming lessons are free although donations to Las Campanas Compadres, Inc. are welcomed. All donations are tax deductible.

**WAYS YOU CAN HELP LAS CAMPANAS COMPADRES**

Las Campanas Compadres owes a great deal of its success to the generous donation of volunteer time. We can always use more volunteers! If you have talents to share, community connections we could explore or simply wish to join our volunteer pool, please contact Suzanna Becerra at 505.820.2707 or

[Suzannab1961@comcast.net](mailto:Suzannab1961@comcast.net) Thank you!



**LAS CAMPANAS  
COMPADRES**

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**LAS CAMPANAS COMPADRES, INC.  
INSURANCE WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in LAS CAMPANAS COMPADRES INC. programs, related events, and activities, and in consideration of being allowed to use certain facilities of the Club at Las Campanas and of Las Campanas Limited Partnership, the undersigned:

Agrees that prior to participating, the undersigned parent or guardian will inspect the facilities and equipment to be used, and if the undersigned believes that anything is unsafe, the undersigned will immediately advise LAS CAMPANAS COMPADRES INC. of such conditions(s) and refuse to participate.

Acknowledges and fully understands the undersigned will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to the undersigned or not reasonably foreseeable at this time.

Assumes all the foregoing risks and accepts personal responsibility for damages following injury, permanent disability or death.

Releases, waives, discharges and holds harmless (a) LAS CAMPANAS COMPADRES, INC., its affiliated clubs, their representative administrators, officers, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs; and, (b) the Club at Las Campanas and Las Campanas Limited Partnership, all of which are hereinafter referred to as "Releasees", from claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Releasee or otherwise.

Consents that information pertaining to involvement in the LAS CAMPANAS COMPADRES, INC. can be used for research purposes, understanding that this information will only be used in the aggregate and that the undersigned will not be personally identified by any means such as name, social security number, or other personal linkages.

Agrees that photographs or general information may be placed on your website and may be published in, or used by, the media (newspapers, magazines, tv, brochures, reports, etc.) without liability on the part of the LAS CAMPANAS COMPADRES, INC., the program sponsors and their agents and employees.

Acknowledges that helmet use is recommended during certain activities and that LAS CAMPANAS COMPADRES, INC. has offered to provide the undersigned with a helmet for use during program events. Understanding that a helmet will be provided for use, at any time, the undersigned hereby waives any claim against Releasees on account of a decision to use or not use a helmet while participating in athletic activities.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT SUBSTANTIAL RIGHTS HAVE BEEN GIVEN UP BY SIGNING IT, HAS NOT CHANGED IT ORALLY, AND SIGNS IT VOLUNTARILY. Furthermore, the undersigned has consulted with any appropriate physicians and determined, with physician's input, that the undersigned is physically fit to engage in this chosen sport with or without the use of adaptive equipment as requested in my application.

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

**IF PARTICIPANT IS UNDER 18 YEARS OF AGE OR IS UNABLE TO LEGALLY GIVE EFFECTIVE CONSENT**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs and assigns. I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date