



**Teen Boot Camp** *AGES 13-18 (NO EXCEPTIONS)*  
 Health Release & Parental Notification Form  
 Las Vegas, New Mexico

**FULL PAYMENT**  
**online payment only**  
**\$500**

Registration will be completed on July 21 at the Las Vegas Christian Center  
 (2501 Ridge Runner Rd). Boot Camp dates: July 21-July 26, 2025.

(DO NOT MAIL PAYMENT)

Get your applications here: [www.enlistedtoendure.org](http://www.enlistedtoendure.org)

Invoice or Donor ID # \_\_\_\_\_

Registrar's Notes: \_\_\_\_\_

**APPLICATION MUST BE COMPLETE (Legible) INCOMPLETE forms will not be accepted**

PLEASE PRINT ALL INFO

\_\_\_\_\_  
 (Last Name) (First Name) Gender (M / F) DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 (Circle One) (M) (D) (Year)  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ **AGE: \_\_\_\_\_**  
 \_\_\_\_\_  
 Contact Phone (\_\_\_\_) \_\_\_\_\_  
 \_\_\_\_\_  
 (Pastor's Name)

**EMERGENCY CONTACT INFORMATION**

Guardian's Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_  
 Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Other Contact Person \_\_\_\_\_  
 Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

**ACKNOWLEDGEMENT**

As a parent or legal guardian of the minor participant I, for myself and, to the maximum extent allowed by the laws of the State of New Mexico, on behalf of the minor participant, agree to waive, release, and not sue Glorieta 2.0, Enlisted to Endure Inc, Christian Center of Las Vegas Inc or any other participating churches, it's owners, directors, officers, agents, and staff (employees and volunteers) (released parties) for any property loss, bodily injury, sickness, death or other loss suffered by my child that is in any way related to his/her being enrolled in or participating in any activities of Enlisted to Endure Boot Camp or his/her presence on the premises of Glorieta 2.0 or any other activity site.

The following are non-prescription medications stocked at camp. These are used on an as-needed basis to manage illness and/or injury.

Acetaminophen, Ibuprofen, Diphenhydramine (Benadryl), \_\_\_\_\_ Does recruit have any allergies?  Yes  No  
 Subsalicylate (Pepto-Bismol), Polyethylene Glycol (Miralaz), \_\_\_\_\_ Will recruit require any daily medications while at camp?  
 Docusate Sodium, Generic Cough Drops, After Bite (or similiar), \_\_\_\_\_  Yes  No  
 Calamine Lotion, Muscle Rub (cream/spray).

**EVERY recruit must see a nurse for any medical concerns.**

Your signature here will agree to all that is in this red box. Any other questions a Nurse will call the contact number on this form.

Signature of Parent/Guardian: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

For information call:  
 Ray Rubi: 505-718-8702  
 Victor Cordova: 505-718-9856  
 (email:enlistedtoendure@gmail.com)

SEA/

Signature of Notary Public: \_\_\_\_\_ My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMAIL a clear copy of the notarized form to [enlistedtoendure@gmail.com](mailto:enlistedtoendure@gmail.com). Keep the original for your own records, DO NOT mail to us.**