

Camper Information

Camper's Name _____ Grade Entering _____ Age _____
 Address _____
 City _____ State _____ Zip _____ Child's Birth Date ____/____/____
 First Parent or Guardian Name _____
LAST FIRST MIDDLE
 Home Telephone _____ email _____
 Cell Phone _____ Work Phone _____
 Second Parent or Guardian Name _____
LAST FIRST MIDDLE
 Home Telephone _____ email _____
 Cell Phone _____ Work Phone _____

How did you hear about Horse Camp? _____
 Name of Camper who referred you _____
 What was the major factor in your decision to send your child? _____
 Please select **T-Shirt** Size: XS - S - M - L - XL (Adult Sizes) Please select **Sweatshirt** Size: XS - S - M - L - XL (Adult Sizes)
 Child's email _____ Please send me a copy of any emails sent to my child: Yes No

Camper Registration

Horse Camp

Registration \$399

INSTRUCTIONS: Indicate 1st and 2nd choices for camp dates by marking a 1 or 2 on the line next to the camp date you prefer.
 A non-refundable deposit of \$150.00 is required upon registration. Balance due 2 weeks prior to camp date.

- ____ June 19~25
- ____ June 26~July 2
- ____ July 3~9
- ____ July 10~16
- ____ July 17~23
- ____ July 24~30
- ____ July 31~Aug 6
- ____ Aug 7~14

Payment Options			
<input type="checkbox"/>	Cash	Amount	
<input type="checkbox"/>	Check	Amount	Check#
<input type="checkbox"/>	Credit	Name on Card	Type
		CC#	Ex
		CVC#	



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Camper Registration Reminder

Date Registered	Payment Type	Amount
____ June 19~25	Cash	_____
____ June 26~July 2	Check	_____
____ July 3~9	Credit	_____
____ July 10~16	-----	-----
____ July 17~23	Balance	_____
____ July 24~30		
____ July 31~Aug 6		
____ Aug 7~14		

Instructions

1. Balance is Due 2 weeks prior to camp
2. Balance reminders will be sent out 5/1/11
3. Packet reminders will be sent out 5/30/11

HEALTH INFORMATION

Emergency Contact Information (Must Be Different than Parent or Guardian)

In the case of an emergency, we will first attempt to contact the parents/guardians. If they cannot be reached, the camp will contact the below authorized emergency contacts.

First Alternate Contact

Name _____ Relationship to Camper: _____
Home Telephone _____ email _____
Cell Phone _____ Work Phone _____

Second Alternate Contact

Name _____ Relationship to Camper: _____
Home Telephone _____ email _____
Cell Phone _____ Work Phone _____

Additional Child Information:

Date of last Tetanus shot _____ Any allergies _____

Any food restrictions _____

List medications (note: all medications need to be in their original prescription bottle) _____

Limitations to activities _____

Any medical treatment in the past year _____

May Tylenol, Sudafed, NyQuil, Dimetapp, cough drops, or Pepto Bismol be administered to your child? Yes No

(If you checked NO, have any concerns or need to include any other necessary information, please do so here).

PCCC must be notified if your child has been exposed to any communicable diseases within the two weeks prior to camp attendance.

Image Usage Permission

Palomar Christian Conference Center would like to make available to you and your child the opportunity to view pictures from his/her week at camp on the internet at the camp's website (www.pccc.org). By signing, I give permission to photograph/videotape my child for promotional materials, including PCCC web site postings, without expectation of compensation.

Authorization for Health Care

I certify that the health information of the camper named above is correct and I give permission for the child named above to participate in all camp activities. In the event that I cannot be reached in an emergency, I hereby give permission to the medical personnel selected by the camp director of Palomar Christian Conference Center to provide or arrange necessary transportation and to secure and administer proper treatment as needed for the child named above. This is to remain in effect during registered camp dates. I also give permission to release any records necessary for insurance purposes.

Signature of Parent/Guardian _____ Date _____

Insurance Company _____ Policy Number _____

Family Physician's Name _____ Physician's Phone Number _____