Love Grows Love

PONY PALS ADVENTURE CAMP
Registration Form

1. Camper Information

Full Name _____

Date of Birth _____Age at Time of Camp _____

Preferred Name or Nickname _____

2. Parent/Guardian Information

Full Name(s) _____

Relationship to Camper _____

Primary Phone Number _____

Secondary/Emergency Phone Number _____

Email Address _____

Mailing Address _____

3. Emergency Contact (Other than Parent/Guardian)

Name _____

Relationship to Child _____

Phone Number(s) _____

4. Medical Information

Allergies

_____

Dietary Restrictions

_____

Medications Currently Taken

_____

Chronic Conditions

_____

Special Needs or Accommodations

_____

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5. Camp Details

Desired Camp Session(s) (Circle One)

June 20th - 20th

June 23rd - 27th

July 28th - Aug 1st

T-Shirt Size (Circle One)

Youth:	**Small**	**Medium**	**Large**
Adult:	**Small**	**Medium**	**Large**

How Did You Hear About the Camp?_____

6. Permissions & Consents

[ ] Permission to Participate in All Camp Activities
[ ] Permission for Emergency Medical Treatment
[ ] Photo/Video Release for Promotional Use
[ ] Liability Waiver Agreement
[ ] Code of Conduct Agreement
[ ] Pick-up Authorization (Please List Authorized Individuals)

7. Signature Section

Parent/Guardian Signature: _____

Date: _____