

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

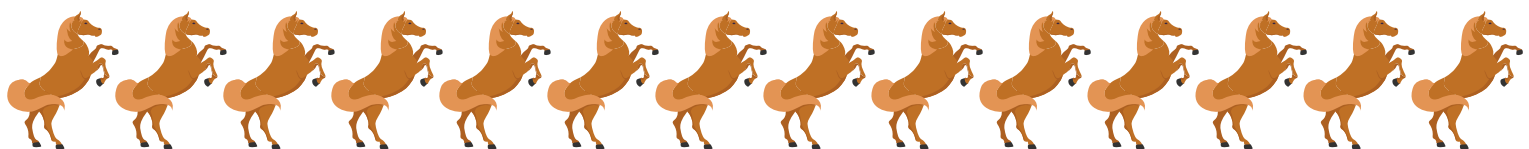
Allergies

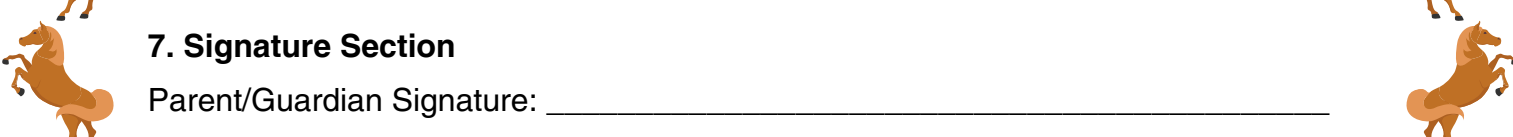
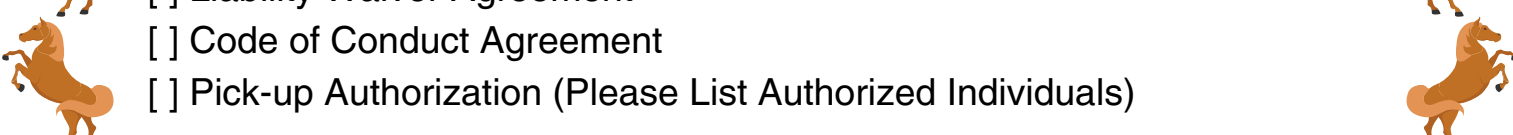
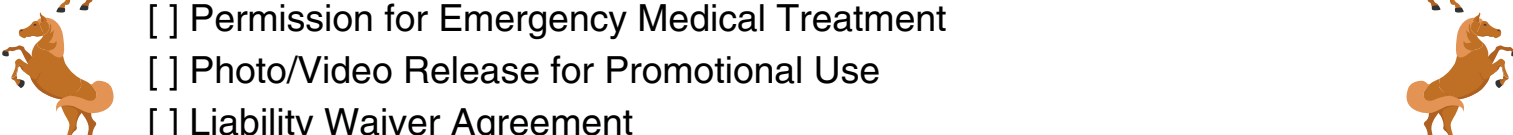
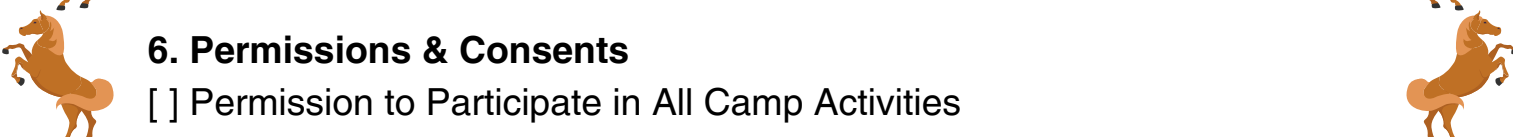
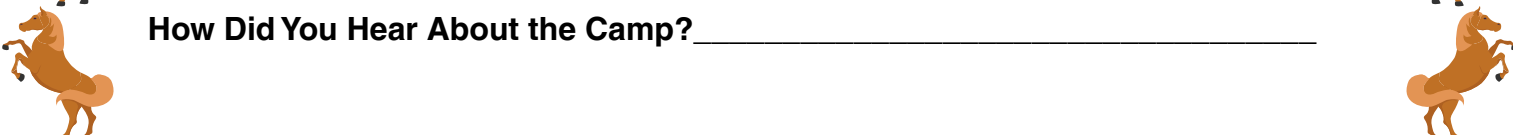
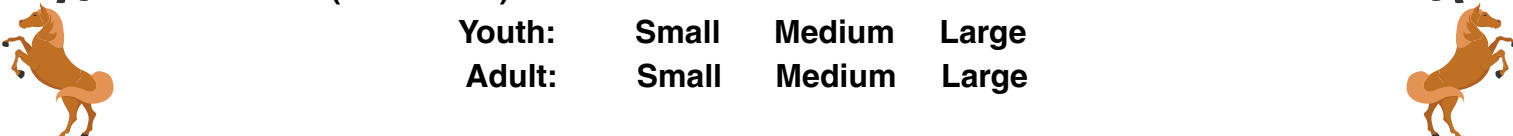
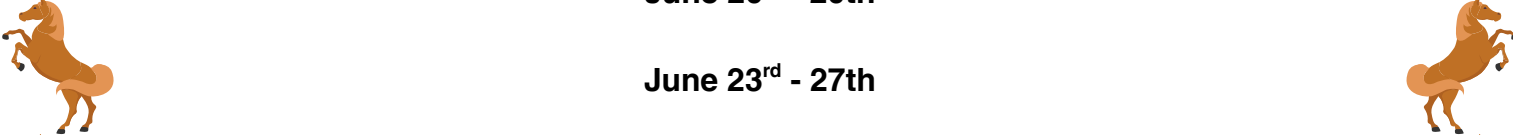
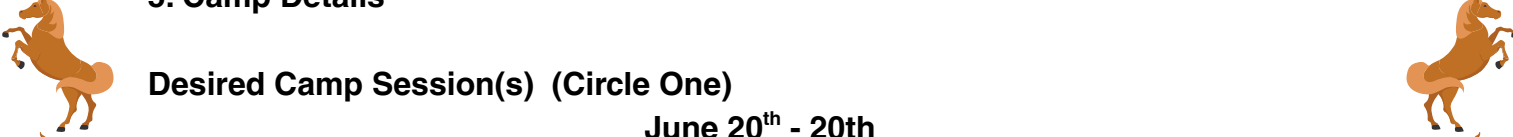
Dietary Restrictions

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: _____