

## 2019 Summer Camp Registration Form

Camper Name \_\_\_\_\_ Age at Camp \_\_\_\_\_ Gender \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ email address \_\_\_\_\_

### Parent/Guardian

Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

If, in the event of an emergency, the parent/guardian cannot be contacted, please contact:

Emergency Contact Name \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

List medical insurance \_\_\_\_\_

Policy # \_\_\_\_\_

Does the camper have any allergies or is the camper allergic to any medication?

Is there any additional pertinent medical information or special needs the Promised Land Camp staff should know about?

**Date of last Tetanus shot** \_\_\_\_\_ **Are your child's shots up to date?** \_\_\_\_\_

**Read and Sign:** I give permission to the Promised Land Camp staff to seek medical emergency treatment for my child. By signing this form, I understand that I am giving permission for my child to participate in the Promised Land Camp programs. I understand that certain risks may be involved with participation in Promised Land Camp activities and that certain activities may be physically demanding and potentially dangerous. I understand that the camp offers equine activities and that horses are inherently dangerous animals. I agree and hereby state that participation in Promised Land summer camp activities is strictly voluntary and is the choice of my child and myself. I further state that by signing this form, I agree to assume for my child, myself, my heirs, and executors all risks of physical injury or emotional upset which may be a result of my child's participation in a Promised Land Camp program. In addition, I agree to release from liability the Promised Land Camp, its employees, volunteers, agents and affiliates in the event of such result. I agree to this form and its contents, and to be bound by its terms. I agree that all information stated is correct and complete, and to the best of my knowledge. I give permission for the Promised Land Camp staff to take photos of my child during camp and give permission for these photos to be used for marketing purpose (i.e. website, brochures, etc) by the Promised Land Camp.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>Bible Camp - July 28-Aug. 2</b> ___ Mini ___ Junior ___ Teen IF attending more than one week check all camps attending. ___ Horsemanship - June 30- July 5 ___ High Adventure - June 30-July 5 <b>Registration Sun. 5:00 p.m.</b>
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