

Camper Name _____ Age at Camp _____ Gender _____

Date of birth ____/____/____

Parent/Guardian email address (for confirmation) _____

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? Yes / No _____ Medication _____

Can your child be administered Acetaminophen Yes/No Ibuprofine Yes/No

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** _____

If attending more than one week check all camps attending.

___ **Horsemanship - July**
\$205 3-8

___ **Adventure Camp -**
\$190 July 3-8

Bible Camp - July 31 - Aug 5
\$160

___ **Elementary 1-6 Grades**

___ **Teen 7-12 grades**

Registration for All camps:
Sunday 5 p.m.