

COMPLETE AND MAIL TO: Palomar Christian Conference Center, P.O. Box 160, Palomar Mountain, CA 92060

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

OPTIONAL: If there is an additional parent or guardian living at a DIFFERENT address than above, enter the details below:

Additional Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Telephone \_\_\_\_\_ email \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Should both households get a copy of the invoice:  Yes  No

Family Information:

Marital status of camper's parent(s)/guardian(s): \_\_\_\_\_ Who has custody of the camper?: \_\_\_\_\_  
To help best serve the child, please provide any notes regarding the family (i.e. recent divorce, remarriage, death, or other pertinent event) \_\_\_\_\_

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 Gender: M F

**HORSE CAMP \$699 INSTRUCTIONS:** Indicate 1st and 2nd choices for camp dates by marking "1" or "2" on line next to your preferred dates. A non-refundable deposit of \$150.00 is required upon registration. Balance due 2 weeks prior to camp date.

- \_\_\_\_ June 21~27 (Sr. Ages 13~17)
- \_\_\_\_ June 28~July 4 (Jr. Ages 10~13)
- \_\_\_\_ July 5~11 (Jr.)
- \_\_\_\_ July 12~18 (Jr.)
- \_\_\_\_ July 19~25 (Jr.)
- \_\_\_\_ July 26~Aug.1 (Jr.)
- \_\_\_\_ August 2~8 (Sr.)
- \_\_\_\_ August 9~15 (Jr.)



**SAVINGS UP TO \$165!!!**

- ▶ REGISTER on-line and get an INSTANT DISCOUNT of \$ 15.00  
*IN ADDITION*
- ▶ Sign Up ONE friend and get a DISCOUNT of . . . \$ 75.00
- ▶ Sign Up TWO friends and get a DISCOUNT of . . . \$ 125.00
- ▶ Sign Up THREE friends and get a DISCOUNT of . . . \$ 150.00

Cabin Partner/s (maximum 2) \_\_\_\_\_

# 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 including horseback riding and related 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 \_\_\_\_\_