

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 Outdoor Adventure 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

OUTDOOR ADVENTURE CAMP \$459 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
- ____ June 28~July 4
- ____ July 5~11
- ____ July 12~18



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

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. 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 _____