

Promised Land Ranch and Ministries Inc. (PLRM)

Camp Registration Form: Please print clearly

Youth Name: _____ Age: _____

Name and Date of Camp: _____

Parent/Guardian Name(s): _____

Occupation(s): _____

Address: _____ State: _____ Zip: _____

Home Tel: _____ Cell: _____ Email: _____

Emergency Contact(s): _____ Tel: _____

Relationship: _____ Phys. Name: _____

Phys. Tel: _____ Hospital Affiliation: _____

Known medical problems or Allergies: _____

Emergency Release Statement: In case of emergency, I understand that every effort will be made to contact me. However, if I cannot be reached, I hereby give permission to the physician selected by PLRM to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery, for my child named above.

Date: _____ Signature: _____.

Printed Name: _____

Rider experience: Beginner: ___ Intermediate: ___

By placing my signature below I acknowledge that I am registering my minor child for a PLRM camp and that my registration is non-refundable.

Unless I attach signed and dated instructions otherwise, by signing below I grant PLRM the right to use pictures taken of my child in their future brochures and advertisements.

I, therefore, sign my signature:

Parent/Legal Guardian : _____ Date: _____