

PONY CAMP PERMISSION SLIP

Please Indicate Camp Choice(s) & Date(s): _____



Camper's Name: _____

Birthday: ____/____/____ Age at Camp: _____ Grade in Fall: _____ Gender: ____Male ____Female

Home Address: _____

Parent/Guardian Names: _____

Home Phone: _____ Mother's Cell: _____ Mother's Work Phone: _____

Father's Cell: _____ Father's Work Phone: _____

IN CASE OF EMERGENCY, NOTIFY (PLEASE LIST TWO):

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cellphone: _____ Work Phone: _____

Name: _____ Relationship: _____

Address: _____

Home Phone: _____ Cellphone: _____ Work Phone: _____

Please list any medical conditions or daily medications that we should be aware of while your child attends pony camp: _____

***Please be advised that allergies to dust, pollen, sawdust, horses, dogs, etc... are all very common on the farm and should be considered if your child has known allergies.*

Photo Release: (Please Check) ____ **Yes**, I give my permission to Mackenzie Appleman and/or Liberty Line Farm to photograph my child's experience at pony camp and use the images for any future purposes. ____ **No**, I do not want my child's pony camp experience photographed and/or used for any future purposes.

Pick-Up Notice: No individual, other than the camper's parents/guardians, will be allowed to pick up a child from the premise unless noted below (Please include name & date of pick-up):

