

# Pidlin Acres Horsin' Around Fun Camp

## Participant Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Age \_\_\_\_\_

## Emergency Information:

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

If parent/guardian above cannot be reached:

Parent/Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Allergy Information:** Any known allergies? Y  N

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Please explain any other information that we may need to know, so we can provide the best experience for your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_