

POMO SUMMER ARTS CAMP

a Circus and Arts Camp for Mendocino Indigenous Youth

Solar Living Center, Hopland, CA

2026 REGISTRATION FORM

Please print clearly

Camper Name: _____

Grade level as of Fall 2026: _____

Date of Birth: _____

Mailing Address: _____

Parent/Guardian: _____

Home phone: _____

Cell phone: _____

Email: _____

Parent/Guardian Permission and Medical Form:

_____ (camper name) has my permission to attend activities with leaders from the Pomo Summer Arts Camp. I understand the activities will be adult supervised.

In case of emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby give my permission to medical personnel selected by the adult camp leaders to secure proper medical attention including but not limited to hospitalization, injections and other life-saving measures.

Please list all applicable items below:

1. Family Dr or clinic

2. Allergies to food or other substances

Signature of guardian: _____

Name and phone number of alternative adult contact:

Do you have transportation to camp and return?

Y. N.

Are you traveling from a reservation or a single local address?

☐ Reservation ☐ Local address

If traveling from a reservation, please specify:

Photo release: I give my permission for photos of my child to be used in promotional materials strictly for the use of the Pomo Summer Arts Camp.

Y. N.

Questions? Please contact: PomoArtsCamp@gmail.com