



Registration

Camper's Name: _____

Address: _____

City/State/Zip: _____

DOB: ___/___/___ Age: ___ Grade Completed: ___

Gender: M / F

Parent/Guardian: _____

Home Phone: _____ Cell: _____

Email: _____

Church: _____

Pastor: _____

Camper's Physician: _____

Physician's Phone: _____

Insurance Company: _____

Policy Holder: _____

Policy Number: _____

Date of Last Tetanus Shot: _____

Pre-existing Medical Conditions: _____

List Allergies (*medications, food, insects, etc.*): _____

List All Regularly Used Medications: _____

List Any Restricted Activities: _____

I give my child permission to take: Tylenol - Ibuprofen - Neither

Pick Your Week:

Teen Camp 1 Junior Camp 1
 Teen Camp 2 Junior Camp 2
 Teen Camp 3 Junior Camp 3

Roommate Request: _____

Your ONE request must request you.

In case of a medical emergency, I understand that every effort will be made to contact me, the parent or guardian of the camper. In the event that I cannot be reached, I hereby give permission to the physician selected by the camp director or nurse to hospitalize and secure proper treatment for an injection, anesthesia, surgery, or whatever is needed for the child named above. I agree to the release of any records necessary for treatment referral, billing, or insurance purposes. In addition to the medical release, I also grant SHCM permission to take photographs and/or videos of the above named camper. I authorize SHCM to use or publish the same in print or electronically.

Note: All claims must be submitted to your personal insurance company.

Signature of Parent or Guardian

To register please send this form and a \$25 deposit to our camp address OR register and pay online at:
<http://shcm.org/registration/>