



Please send this registration form and a \$25.00 deposit to  
Servant's Heart Camp  
422 Servants Heart Dr.  
Ramey, PA 16671

814-497-4100  
info@shcm.org

## REGISTRATION

Register and pay online at [shcm.org/events/teen-winter-retreats](http://shcm.org/events/teen-winter-retreats) or send the form below and a \$25 deposit to Servant's Heart Camp.

Name: \_\_\_\_\_

DOB: \_\_\_/\_\_\_/\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_

I will attend (choose one): \_\_\_ Retreat 1 (Jan 24-26)  
\_\_\_ Retreat 2 (Jan 31-Feb 2) \_\_\_ Retreat 2 (Feb 1-2)

Church: \_\_\_\_\_

Pastor: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

Policy #: \_\_\_\_\_

Last Tetanus Shot: \_\_\_/\_\_\_/\_\_\_

Pre-existing Medical Conditions:  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_

I give my child permission to take: (circle one)

Tylenol - Ibuprofen - Neither

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 camp 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 SHC permission to take photographs and/or videos of the above named camper. I authorize SHC to use or publish the same in print or electronically.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent/Guardian Date