



Please send this registration form and a \$25.00 registration deposit to:

Servant's Heart Camp  
422 Servants Heart Drive  
Ramey, PA 16671

814-497-4100  
Info@shcm.org

Please select your week.

Jan. 30 - Feb. 1

Feb. 6 - Feb. 8

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: \_\_\_\_\_

Year 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

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 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.

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

Signature of Parent or Guardian

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