



## 2021 Summer Camp registration form

Camper's Name: \_\_\_\_\_ Gender: M / F  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Grade completed by summer camp: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Church: \_\_\_\_\_ Pastor: \_\_\_\_\_  
 Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_  
 Policy holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
 Year of last tetanus shot: \_\_\_\_\_  
 Pre-existing Medical Conditions: \_\_\_\_\_

List all Allergies (medications, food, insects, etc.): \_\_\_\_\_

List All Regularly Used Medications: \_\_\_\_\_

List Any Restricted Activity: \_\_\_\_\_

My Child has permission to take: Tylenol Ibuprofen Neither (circle one)

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. If 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. I also give permission to be added to an electronic mailing list but realize that I may unsubscribe at any time.

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

Signature of parent or Guardian: \_\_\_\_\_

Camp Requested: \_\_\_\_\_ Teen Camp 1 (June 14 -19) \_\_\_\_\_ Junior Camp 1 (June 21 -25)  
 \_\_\_\_\_ Teen Camp 2 (June 28 - July 3) \_\_\_\_\_ Junior Camp 2 (July 19—23)  
 \_\_\_\_\_ Teen Camp 3 (July 12 - 17)  
 \_\_\_\_\_ Teen Camp 4 (July 26 - 31)



Send this registration form and \$25.00 deposit to:

**Servant's Heart Camp**  
**422 Servants Heart Drive**  
**Ramey, PA 16671**  
**814-497-4100**