Susquehanna Conference Camp & Retreat Ministry

ADULT REGISTRATION FORM

Return to: Camp & Retreats, 303 Mulberry Dr, Mechanicsburg, PA 17050
Phone: (771) 766-7395 Fax: (717) 766-5976 camps@susumc.org www.suscrm.org

Camp Center: (•) Camp Penn ( ) Wesley Forest

Event:_____ Dates:_____

Name:_____ Phone: (_____)_____

Address:_____ City:_____ State:_____ Zip:_____

Email:_____ Age At Event:_____ Gender:_____

Church you attend (if any):_____ Church City:_____

Emergency Contact Information

Name:_____ Relation:_____ Phone:_____

Is this your first time attending a Susquehanna Conference UM Camp? ☐ Yes ☐ No

PLEASE READ CAREFULLY

I do give permission for still or video pictures of me to be placed on the Susquehanna Conference website and social media pages in a marketing context.

Signature:_____ Date:_____

Cost of event:_____ To be paid by: ☐ Self ☐ Church ☐ Other

FOR OFFICE USE ONLY:

Date Received _____ Date Processed _____
Camp # _____ Fee $_____
Family Check # _____ Amount $ _____
Church Check # _____ Amount $ _____
Other Check # _____ Amount $ _____
Campership _____ Confirmed _____

THIS FORM MAY BE PHOTOCOPIED

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ADULT MEDICAL FORM

Camp Center:_____ Program Event:_____ Dates:_____

Name:_____ Phone: (_____)_____

Birth Date:_____ Age at event:_____ Gender:_____ Height:_____ Weight:_____

Please list any allergies, severity, and reaction:

Please list any ongoing medical concerns:

Please list any medications you are currently taking:

NOTE: If you are serving as staff/volunteer and caring for campers, please turn in all medications to the camp nurse.

Date of last physical examination: _____

Health Insurance Provider:_____

ID/Policy #:_____ Group #:_____

Primary Care Physician:_____ Phone:_____

Signature:_____ Date:_____