

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.susumcamps.org

Camp Center: Mount Asbury Wesley Forest Greene Hills Camp Penn

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: _____