

# ADULT REGISTRATION/MEDICAL FORM

## Susquehanna Conference of the UM Church, Camp & Retreat Ministry

303 Mulberry Dr, Mechanicsburg, PA 17050; Phone: 771-766-7395  
Fax: 717-766-5976; Email: [camps@susumc.org](mailto:camps@susumc.org); Website: [www.susumcamps.org](http://www.susumcamps.org)

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Address \_\_\_\_\_ DOB \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Bunkmate \_\_\_\_\_  
Camp Choice: Date \_\_\_\_\_ Site \_\_\_\_\_  
Description \_\_\_\_\_  
Church Name \_\_\_\_\_ District \_\_\_\_\_ Church  
City \_\_\_\_\_  
Emergency contact person \_\_\_\_\_  
Relationship to camper \_\_\_\_\_  
Home Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_  
ID/Policy No. \_\_\_\_\_ Group No. \_\_\_\_\_  
Dietary needs/food allergies \_\_\_\_\_  
Health issues we should know: Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Asthma \_\_\_\_\_  
High Blood Pressure \_\_\_\_\_ Others \_\_\_\_\_  
Individual Payment \$ \_\_\_\_\_ Church Payment \$ \_\_\_\_\_

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

**PLEASE READ CAREFULLY – I do** give permission for my name, address, phone number, and email address to be shared with other persons in this retreat experience. **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 camping context.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

<b>FOR OFFICE USE ONLY:</b> Date Received _____	Date Processed _____
Camp # _____	Fee \$ _____
Family Check # _____	Amount \$ _____
Church Check # _____	Amount \$ _____
Other Check # _____	Amount \$ _____
Campership _____	Confirmed _____

**THIS FORM MAY BE PHOTOCOPIED**