

# SUMMIT GROVE CAMP

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## **Camper Registration Form**

Name of Group/Parent: \_\_\_\_\_

Date(s) of Trip/Event: \_\_\_\_\_

Location of Trip: \_\_\_\_\_

### **Camper Registration**

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### **IN CASE OF EMERGENCY, PLEASE CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### **MEDICAL INFORMATION:**

Do you have asthma? \_\_\_\_\_ Diabetes? \_\_\_\_\_ Epilepsy? \_\_\_\_\_

Do you have any allergies? No -- Yes

If so, please explain:  
\_\_\_\_\_

Are you taking any medications? No -- Yes

If so, please explain:  
\_\_\_\_\_

Do you have any dietary restrictions? No -- Yes

If so, please explain:

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Do you have any disabilities? No -- Yes

If so, please explain:

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Do you have any heart conditions? No -- Yes

If so, please explain:

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Do you have any phobias or fears? No -- Yes

If so, please explain:

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Have you had any past surgeries or injuries? No -- Yes

If so, please explain:

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Do you have any other medical conditions? No -- Yes

If so, please explain:

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**MEDICAL INSURANCE COVERAGE:**

Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**I authorize by my signature that the information provided is truthful and correct. Furthermore I give my consent to the trip leaders or other medical personnel to treat me or son/daughter in an emergency situation.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

If participant is a minor:

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_