

In order to participate in the Summer Camp program, this form must be completed for all campers prior to Registration.

If any changes occur in your health status, you must report them to the Camp Nurse at Registration. Adults attending Camp with Me must complete this form.

Participant Information			
Last Name _____	First Name _____	MI _____	
Address _____			
City _____	State _____	Zip Code _____	
<input type="checkbox"/> Male	<input type="checkbox"/> Female	Birthdate _____	Participant's SSN _____

Parent & Guardian Information			
Mother's Name _____			
Address (If Different Than Above) _____			
City _____	State _____	Zip Code _____	
Home Phone _____	Work Phone _____	Cell Phone _____	
Father's Name _____			
Address (If Different Than Above) _____			
City _____	State _____	Zip Code _____	
Home Phone _____	Work Phone _____	Cell Phone _____	

Emergency Contact Information			
<i>The following individual(s) may make decisions on behalf of the participant, in an emergency, if the parent or legal guardian is unavailable.</i>			
Name (s) _____			
Relationship _____			
Home Phone _____	Work Phone _____	Cell Phone _____	

Insurance Information			
<i>Please provide your insurance information as Seneca Hills Bible Camp & Retreat Center only provides secondary coverage.</i>			
Insurance Carrier _____			
Carrier Phone Number _____	Policy # _____		
Policy Holder's Name _____	Policy Holder's SSN _____		

Medical Information			
Check the following applicable box(es):			
<input type="checkbox"/> Headaches	<input type="checkbox"/> Psychiatric mental health issues	<input type="checkbox"/> Seizures	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Asthma	<input type="checkbox"/> Bee sting allergy	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Sinus/throat infections
<input type="checkbox"/> Sleep walking	<input type="checkbox"/> Bed-wetting	<input type="checkbox"/> Nightmares	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Other (Please explain): _____			
Medical Allergies:	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Please List:	_____
Food Allergies:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Allergic Reaction Is:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
If Yes, Please List: _____			
List Any Dietary Restrictions: _____			
<i>Participants with dietary restrictions may be asked to bring their own food. Please contact the office prior to the start of camp to discuss specific needs.</i>			
List any medications the participant is currently taking. All medications, except inhalers and epipens, must be given to the Camp Nurse at registration. This includes all over-the-counter medications.			
Medication	Dosage	Frequency	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Please describe any physical restrictions that would limit participation in any camp activities: _____			

Has the participant ever been treated at UPMC Northwest or Grove City Medical Center? <input type="checkbox"/> No <input type="checkbox"/> Yes			
			Date _____

Physician's Information

The American Camping Association (ACA) recommends campers have a physical examination by their physician within the two years prior to attending camp.

Family Physician _____ Office Phone Number _____
 Date of Last Physical Examination _____

Vaccination Information

While immunization records are not required, attaching a copy would assist medical staff should emergency medical treatment be necessary.

Are the participant's immunizations up to date? No Yes Date of last Tetanus Vaccination: _____

If No, please explain: _____

If not due to religious reasons, please complete and attach the Release & Application for Exemption from Physical Examination & Immunization Records Form available online at www.senecahills.com.

Please initial each section and sign below.

Medical Release

To the best of my knowledge this Health History is accurate. I am in favor of and grant permission for the participant on this form to attend camp and participate in all activities unless otherwise specified. On behalf of myself or as parent or legal guardian, I accept the conditions stated, including the release of the Seneca Hills Bible Camp & Retreat Center and camp management from liability in the case of injury or illness.

I hereby give permission to UPMC Northwest or Grove City Medical Center and the medical personnel selected by the Executive Director of Seneca Hills Bible Camp & Retreat Center, or his designate, to order X-rays, routine tests, and treatment for this participant. In the event I cannot be reached by the Executive Director, or his designate, I hereby give permission to the physician selected by the Executive Director, or his designate, to render whatever emergency treatment may be judged necessary, to hospitalize, and secure proper treatment for the participant named on this application. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes.

Initials _____

Promotional Materials Release

I give permission for any pictures and personal quotes of this participant on this form to be used for promoting the camping program through brochures, newsletters, web site, and other publicity tools at Seneca Hills Bible Conference.

Initials _____

Adventure Activities Consent and Release

Intending to be legally bound, I hereby freely, knowingly, and voluntarily consent to and give permission for myself, or the aforementioned child or ward, to participate in Adventure Activities conducted and/or under the auspices of the Seneca Hills Bible Camp & Retreat Center. For purposes of the Consent and Release Waiver, the term "Adventure Activities" shall be deemed to include, but not limited to, paintball (welts and bruising are possible), kayaking, (indoor/outdoor) rock climbing, and the challenge course. I understand some of the above stated Adventure Activities take place off of the campus of Seneca Hills Bible Camp & Retreat Center and require transportation to and from the activity; therefore I give permission for myself, or my child and/or ward, to travel by the means selected by the camp to participate in Adventure Activities.

On behalf of myself, my child and/or ward, I recognize that participation in Adventure Activities can be dangerous, and hereby acknowledge that my consent on behalf of myself, or my child's and/or ward's, participation in any of these activities is voluntary and informed. I acknowledge that I have been advised of the risks to myself, or my child's and/or ward's, personal safety attendant to Adventure Activities, and that, with a full and complete awareness of these risks, I consent to my, or my child's and/or ward's, participation in these activities.

I further acknowledge that I, or my child and/or ward, will be trained in the methods, practices, and techniques necessary and appropriate to participation in Adventure Activities, and that the use or non-use of such methods, practices and techniques by me, or my child and/or ward, shall, under no circumstances, result in claim against, or the imposition of any liability of any nature whatsoever, with respect to the Seneca Hills Bible Camp & Retreat Center.

On behalf of myself, my child and/or ward, I hereby fully waive, release, discharge, and agree to indemnify and hold harmless Seneca Hills Bible Camp & Retreat Center, its Board of Trustees, agents, employees, successors, and assigns, from and all rights, claims, and actions, arising now and/or in the future, from my, or my child's and/or ward's, participation in Adventure Activities conducted by and/or under the auspices of the Seneca Hills Bible Camp & Retreat Center. I further agree to indemnify and hold harmless the Seneca Hills Bible Camp & Retreat Center, its Board of Trustees, agents, employees, successors, and assigns, from and all rights from claims arising out of any injury or harm I, or my child and/or ward, may cause to another individual during the course of his/her participation in Adventure Activities.

Initials _____

 Signature of Parent/Legal Guardian Date Signature of Participant (If 18 or Over) Date

 Name Name