



Experience Your Creator  
**CAMP SUSQUE INC.**

www.susque.org 47 Susque Camp Road, Trout Run, PA 17771 susque@susque.org 570.998.2151

## YOUTH SUMMIT STUDENT REGISTRATION FORM

**CHURCH:** \_\_\_\_\_

### STUDENT INFORMATION:

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

DOB: \_\_\_\_\_

School: \_\_\_\_\_

Please Note Dietary Restrictions: \_\_\_\_\_

\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

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

Relationship to Student: \_\_\_\_\_

### EMERGENCY CONTACT:

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

Relationship to Student: \_\_\_\_\_

I am aware of the typical camp activities offered and give permission for my child to participate fully in all camp activities and to be included in any media productions. I understand that my student will be under the primary care of the chaperones of \_\_\_\_\_ (church).

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

**PLEASE TURN THIS FORM IN TO YOUR CHURCH.**



*You are worthy, O Lord, to receive glory and honor and power; for you have created all things, and for your pleasure they are and were created.*

