

BOB HARTLEY'S CAMP MOUNTAIN HEART

Welcome to the 24.5th Annual Bob Hartley's Camp Mountain Heart and our first Virtual Camp! Camp will take place virtual from August 9-13, 2021 and then wrapping up on **August 14, 2021 with an In-person Day of Fun** at Cedar Lakes Conference Center in Ripley, West Virginia.

Please complete the following questions:

1. Will you be participating in the virtual offerings?
 - Yes ____
 - No ____

2. What time of day is best for you?
 - 9:00 am ____
 - 12 noon ____
 - 3:00 pm ____
 - 7:00 pm ____

(majority rules...timing update will be provided in your mailed packet)

3. Will you and your family be attending the activities at Cedar Lakes on August 14, 2021?
 - Yes ____
 - No ____
 - If yes, number attending ____

4. Camper's T-shirt size
 - Youth S ____
 - Youth M ____
 - Youth L ____
 - Adult S ____
 - Adult M ____
 - Adult L ____
 - Adult XL ____
 - Adult XXL ____

BOB HARTLEY'S CAMP MOUNTAIN HEART

REGISTRATION FORM

PERSONAL CONTACT INFORMATION

CAMPER'S NAME: _____

ADDRESS: _____

COUNTY: _____

PHONE: _____

DATE OF BIRTH: _____ AGE: _____ SEX: _____

PARENT/GUARDIAN CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: _____

NAME: _____ RELATIONSHIP: _____

PHONE: _____

BOB HARTLEY'S CAMP MOUNTAIN HEART

CAMP HEALTH FORM (Page 1)

(TO BE COMPLETED BY PHYSICIAN)

CAMPER'S NAME: _____

TYPE OF HEART DEFECT or CARDIAC PROBLEM:

NAME AND DATE OF SURGICAL CORRECTION(S):

OTHER DISEASES/DETAILS:

PACEMAKER INFORMATION:

DEVICE TYPE: _____

MANUFACTURER: _____

SETTINGS: mode _____

rates _____

therapies _____

BOB HARTLEY'S CAMP MOUNTAIN HEART

CAMP HEALTH FORM (Page 2)

CAMPER'S NAME: _____

ALLERGIES: _____

ACTIVITY RESTRICTIONS: _____

DIET RESTRICTIONS: _____

IMMUNIZATIONS UP TO DATE: YES ____ NO ____

COMPLETING PHYSICIAN SIGNATURE: _____

DATE: _____

PEDIATRIC CARDIOLOGIST: _____

PEDIATRIC CARDIOLOGIST ADDRESS: _____

PEDIATRIC CARDIOLOGIST PHONE NUMBER: _____

BOB HARTLEY'S CAMP MOUNTAIN HEART
PHOTOGRAPH PERMISSION FORM

I DO give my permission for **Bob Hartley's Camp Mountain Heart** to photograph/film

_____, during Camp. These photos/films will be
(Camper's Name)

utilized for purposes of expanding awareness of **Bob Hartley's Camp Mountain Heart**, through advertisement, brochures, news broadcasts, website, etc.

(Signature of Parent/Guardian and Date)

I DO NOT give my permission for **Bob Hartley's Camp Mountain Heart** to

photograph/film _____, during Camp.
(Camper's Name)

(Signature of Parent/Guardian and Date)

Please complete and return ASAP!

- **By fax to 304-293-1409**
- **By email to tracy.campmountainheart@gmail.com**
- **By mail to PO Box 4629, Star City, WV 26504**