

## **Camp Nathanael Overnight Registration Permission Slip**

**A student MUST REGISTER BY TELEPHONE *PRIOR* to the event with a Camp Nathanael staff member to be eligible to attend a Breakaway overnight**

Camper's Name \_\_\_\_\_ Contact Ph # \_\_\_\_\_

- I give my permission for the above camper to attend Camp Nathanael and to participate in all overnight activities.
- I give permission to the medical personnel selected by the Overnight Director to: obtain medical treatment for any accident, injury or sickness requiring emergency care or to order X-rays, routine tests, treatment and necessary transportation for my child. If I cannot be reached in an emergency, I give my permission to the doctored selected by the Overnight Director to secure and administer treatment, including hospitalization for my above named child.
- I agree to pay Camp Nathanael, upon arrival of the above camper, the stated fee to cover insurance for the named camper in the event of sickness or accident, from the time he is entrusted to the camp's care until he returns to his parents. This insurance does not cover chronic diseases or repairing eyeglasses, and is limited by the following maximum claim payments: Accident - \$3,000 Illness - \$1,000 Dental - \$500
- I agree to hold neither the insurance company nor Camp Nathanael responsible for payment above these limitations. In consideration of the benefit derived from camp, I hereby voluntarily wave any claim against Scripture Memory Mountain Mission, Camp Nathanael, the workers of Scripture Memory Mountain Mission, or anyone involved in transporting or supervising my child

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I or \_\_\_\_\_ will be the person picking up my camper Saturday afternoon.