

OVERNIGHTER REGISTRATION FORM

Child's Name _____

Address _____

City _____ State _____ Zip _____

Phone (____) ____ - _____ E-mail: _____

Date of Birth __/__/__ Grade in School _____

Church where Child attends club? _____

Parent/Guardian Name _____

Mobile Phone (____) ____ - _____

Emergency Contact (other than parent/guardian) _____

Phone (____) ____ - _____

OVERNIGHTER PERMISSION SLIP

To whom it may concern: As Parent/guardian, I give permission for my child to attend and participate in the Fall Overnighter at Rock Mountain Bible Camp on __/__/__ (Date).

As parent/guardian, I do herewith authorize treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. I grant permission for my child's picture to be used in camp promotional materials.

Name of Child _____

Name(s) of Parent/Guardian _____

Parent/Guardian Phone (____) ____ - _____

Parent/Guardian Signature: _____

Is the child taking any current medications? No Yes, please list:

Does the child have any allergies? No Yes, please list:

Insurance Carrier: _____ Policy# _____

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