

INDIVIDUAL OVERNIGHT REGISTRATION

OVERNIGHT ADVENTURE PROGRAM AUTHORIZATION FORM FOR PROGRAM PARTICIPATION AND OVERNIGHT ABOARD U.S.S. SALEM

I _____ (parent or guardian's name) hereby give permission for my **son/daughter** _____ (name) to participate in the Overnight Adventure program aboard the USS Salem at the United States Naval Shipbuilding Museum. I further grant permission for the overnight program staff to arrange for emergency medical care for my *son/daughter* in the event that they are injured during their participation in the Overnight Adventure Program. I further understand that my *son/daughter* must behave properly and in accordance with the instructions of any staff and that I will be required to retrieve my *son/daughter* in the event that they fail to properly behaves.

Name

Relation to Participant

Street

Signature

City

Date Signed

State/ ZIP Code

Emergency Phone Numbers:

If you can't be reached, please contact.

Home

Name: _____

Work or Cell

Phone Number: _____

Medical Ins. Coverage

Relationship: _____

Policy Number

Comments:

Pertinent Medical Information: (food or drug allergies, ect.)

