

## SUMMER CAMP PERMISSION SLIP

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell  
phone: \_\_\_\_\_

Is First Church of the Nazarene/Kiddie Kollege authorized to approve emergency medical treatment: **(circle one)** YES NO

Is the student covered by personal/family medical insurance? **(circle one)** YES NO

If yes, name of insurance company: \_\_\_\_\_

Policy or group number: \_\_\_\_\_

Important medical information (allergies, reactions, medications, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PARTICIPANTS AGREEMENT

by signing below, the parent/guardian acknowledges and accepts the risks of physical injury associated with participation in the above-described activity. Except for gross negligence on the part of Kiddie Kollege, the parent/guardian accepts personal financial responsibility for any bodily or personal injury sustained during the activity. Further, the parent/guardian promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

The parent/guardian understands and will abide with the above paragraph.

If a dispute over this agreement or any claim for damages arises, parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

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