

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.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_