

District Teen Camp
Permission Form
July 25-29, 2016

I, _____ (parent/guardian), give permission for my student,
_____ to take part in the **Mid-Atlantic District Teen**
Camp in Chambersburg, PA. sponsored by the Student Ministry of the Laurel Church
of the Nazarene in Laurel, DE.

Recognizing the possibility of injury en route, during and returning from this event, I hereby release from any and all liability the Student Ministry of the Laurel Church of the Nazarene, The Laurel Church of the Nazarene, and any adult sponsors of Laurel Nazarene Student Ministries if such injury should occur. I also give my permission **Pastor Derek Parson, any adult sponsor** to approve any emergency medical treatment deemed necessary and have included my medical insurance information below. I understand that I will be contacted as soon as possible if my student is injured.

I recognize that my student will be riding with adult sponsors and will be expected to remain under their supervision during the event and during their stay.

_____ (Parent/Guardian Signature) _____ (Date)

Name of Student: _____

Emergency Contact person: _____

Emergency Contact Phone: _____

Student Insurance Information:

