

NSTI Permission Form
(To be completed by a parent or guardian)

Name of Participant: _____

Date of Birth: _____ Grade: _____ Sex: _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ E-mail address: _____

Cell Phone: _____ Screen Name: _____

Names of Parents or Guardian(s): _____

Work Phone(s): 1) _____ 2) _____

Cell Phone: 1) _____ 2) _____

Parent E-Mail(s): _____

In the event of an emergency and I cannot be contacted, please call:

Name: _____

Relation: _____ Phone: (h) _____ (w) _____

Doctor's Name: _____ Phone: _____

Insurance Company: _____

Policy Number: _____

List any allergy or medical conditions of which we should be aware, and any medication taken:

List any dietary restrictions: (vegetarian, lactose intolerant, kosher, diabetic, etc.)

I give permission for my son/daughter _____ to attend the event/s she/he has registered for, and certify that my child is capable of participating in these activities. I understand that for some of these trips (as indicated in program descriptions) I am giving the permission to take my child on a bus or van to various locations. Nor NSTI or the hosting temples cannot assume responsibility or liability for accidents or loss occurring on these trips. In the event of an emergency where I (or my emergency contact) cannot be reached, I authorize the teacher / chaperone to secure medical treatment for my child.

I give permission to use any and all written comments, pictures, video and/or movies in which my child may appear for publicity, promotion, and advertising on behalf of NSTI.

Parent or Guardians' Signature: _____

Teen Signature: _____