

**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. Should you wish for NSTI not to use your child's image, please contact our office and different arrangements will be made.

Parent or Guardians' Signature: \_\_\_\_\_

Teen Signature: \_\_\_\_\_