



**COMPLETE THIS FORM AND BRING IT  
with you on the day of the conference or  
you will be unable to participate. Thanks  
for your cooperation!**

### PERMISSION TO ATTEND CONFERENCE

As legal guardian of (print student name), \_\_\_\_\_, I give my permission for him/her to attend the New Global Citizens conference.

My child/dependent may participate in photographs, video tapes and/or audio recordings for New Global Citizens public relations purposes. I understand that such items shall be the property of New Global Citizens.

In case of illness or emergency, I understand that every effort will be made to reach me or the emergency contacts below. If no contact can be made, I hereby give authorization to New Global Citizens to seek medical treatment and if needed arrange for transportation out of the event location. I know of no reason other than the information provided on this form, why my child should not participate.

### CONTACT INFORMATION

Home Street Address \_\_\_\_\_

City \_\_\_\_\_

Zip Code \_\_\_\_\_

Daytime phone: (      ) \_\_\_\_\_

Evening Phone: (      ) \_\_\_\_\_

Parent/Guardian email address: \_\_\_\_\_

### EMERGENCY INFORMATION, ALLERGIES, DIETARY RESTRICTIONS

*In the event of an emergency on the day of the conference, please contact the following, in this order:*

Emergency Contact 1 (name & phone): \_\_\_\_\_

Emergency Contact 2 (name & phone): \_\_\_\_\_

My child/dependant is allergic to the following (food and medications): \_\_\_\_\_

My child/dependant has the following dietary restrictions: \_\_\_\_\_



\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE / DATE

\_\_\_\_\_  
PRINT NAME OF GUARDIAN