

Official NSBE Conference Registration Form



Permission Slip & Medical Form

This permission slip should be completed and return AFTER the PCI registration(s) has been completed online. THIS IS NOT A REGISTRATION FORM.

Send to:
Fax:703-683-5312

This form has legal consequences. Read it carefully before signing. If you do not understand any of its provisions, ask for an explanation. Please print legibly or type.

Event: 2009 NSBE NATIONAL CONENTION Event Location: LAS VEGAS, NV

Chaperone First Name: _____ Chaperone Last Name _____

Student First Name: _____ Student Last Name _____

Members Only:
Student Membership No. _____
Student Chapter Code/Name _____

This is to certify that my child/ward, _____, has permission to participate in the above described event at the above stated location on the date(s) of _____, any alternate or "rain date".

Student is not allowed to participate in any activity until all information below is completed. If you wish any further information or wish to supply further details of your child/ward's needs, please use the reverse side of this form.

Parent/Guardian Information

Name: _____

Address: _____

Day Phone: (_____) _____

Evening Phone: (_____) _____

To best meet your needs, please fill out the following information in its entirety.

Student's Full Name _____

Does he/she have any allergies that should concern us? Yes No
If yes, please list them below:

Does he/she have any ongoing medical or psychological conditions that should concern us? Yes No
If yes, please list them below:

Is he/she currently taking any medication(s)? Yes No
If yes, please list them below:

Emergency Contact Information

Parent/Guardian Name _____

Address _____

Day Phone (_____) _____ Evening Phone (_____) _____

Other Contact(s) Information _____

Insurance Information

Is your child covered by medical insurance? Yes No

If yes, please fill out the following information:

Insurance Provider _____

Insurance Account Number _____

Does your child/ward have a copy of the insurance card? Yes No

I, _____, the parent or legal guardian of _____ understands that at this conference the National Society of Black Engineers (NSBE) will not be responsible or be able to provide any medical care for my child/ward. I further understand that NSBE will try to aid my child/ward in getting any medical attention needed in case of an emergency, and the Chaperone will take responsibilities for any emergency decision making that is necessary. I understand that I will be immediately contacted in the case of such emergency, however my child will be treated as best as possible until I or any of the other authorized emergency contacts have been contacted.

I am the parent, one of the parents or guardian with whom the above child/ward resides and have legal custody. I assume all risks associated with participation in this event. I, or myself and anyone entitled to act on my behalf, waive and release the National Society of Black Engineers including regional, chapter, or other subdivisions thereof, their agents, employees, chaperones, representatives and successors from all claims or liabilities of any kind arising out or of my child/ward's participation in this event.

In addition, I grant permission to all of the foregoing to use my child/ward or my photographs, motion pictures, recordings, or any other record of this event for any related purpose.

Signature of Parent/Guardian

Date