



## Massachusetts Institute of Technology Society of Women Engineers

### KEYs

Keys to Empowering Youth



### PERMISSION FORM

\*\*\*By completing this form, you are agreeing to participate on the selected dates\*\*\*

#### General Information (Please print clearly!)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent E-mail Address (if available) \_\_\_\_\_

Parent/Guardian(s) Name \_\_\_\_\_ Cell phone \_\_\_\_\_

\_\_\_\_\_ Cell phone \_\_\_\_\_

How did you hear about KEYs (teacher, other parents, poster, etc.)? \_\_\_\_\_

#### Emergency information

List the names of two persons to contact other than the parent/guardian, in case of emergency.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child (relative, friend, etc.) \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to child (relative, friend, etc.) \_\_\_\_\_

Yes, I give \_\_\_\_\_ (Name of Participating Girl) permission to participate in the KEYs program at MIT on **(choose no more than two)** from **10am to 4pm**:

\_\_\_\_\_ **September 17th**

\_\_\_\_\_ **October 8<sup>th</sup>**

\_\_\_\_\_ **November 19<sup>th</sup>**

\*\*\*PLEASE note that by completing this form, you are committing your daughter to the session(s) you indicated above. **If for any reason you need to cancel, please let us know at least a week in advance.** Our program is free, but we have participants on a waiting list and need to know of open spots in advance.

I give permission for my child to be treated at the MIT Medical Department, if the need arises, and I understand that I will be financially responsible for any treatment.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

Does she have any health problems, allergies (sun, food, medications, other) or special needs which may limit her activity in any way or which would require some special attention?

No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please explain on the back of this sheet)