## NEW TORS SOUTH SCHOOL FOR

## New York State Science and Engineering Fair-Parent Permission: Overnight Trip

nterna nereby attorne 6-night	grant (school chaperone)y for my child, and authorize him/her as the trip. I understand that behavior that is not ork Science and Engineering Fair (NYSSEF	n accordance with the rules of the board of the
	Participant Cod	o of Conduct
1.	Use of tobacco products, alcoholic bevera	
١.	prohibited.	ges, and/or other drugs, or sexual acts are
2.	Curfews will be established daily by the Fa Chaperones reserves the right to require s	ir Director and should be strictly adhered to. tudents to report to their rooms earlier than the
3.	designated Intel ISEF curfew.  Appropriate attire is expected. Be mindful:	professional attire is required at judging and
J.	public day (Wed., Thurs.) and award cerer	
4.	Respect and proper maintenance of hotel	
5.		ctions is mandatory! You must be present at all
		OT travel away from or lose contact with the e has been approved by an official NYSSEF,
/We, th	ne parents and/or guardian of the named pa	rticipant, agree that any violation of NYSSEF,
	Participant Code of Conduct or severe illnes	
	nome at the parent's expense.	
	ne parent/guardian of the above-named par	
		and/ or taped and that NYSSEF, Inc. may use ect description in connection with NYSSEF and
		make any claim for invasion of privacy or any
	egal right in connection with such uses by N	
	,	
	's (Guardian Name) <u>cell phone</u> or <u>home n</u>	
Mothe	r's (Guardian Name) <u>cell phone</u> or <u>home r</u>	<u>number</u>
Trip De	etails: (Remember to bring your picture I	D to the airport)
•	Lodging: Omni Dallas Hotel	<del></del>
	555 S Lamar St, Dallas, TX 75202	
Stude	nt Participant Signature (I have read	& agree to the above code of conduct)
x		Date
	nt/Legal Guardian (Custodial Parei anding and acceptance of all afford-said conditions	, -
	and acceptance of an anota said condition	•
`		
	gency Contact Info: (If the participant is sen will assume transportation expenses)	t home early for any reason, illness or otherwise,
	ct #1 name	Contact #2 name
Phone	·	Phone
Relatio	onship	Relationship

INSURANCE INFO:	
Company	Policy #
Name on Card	
Known allergies/medications:	