



June 11-15, 2018 NWSISD Step-Up Mentorship Program Summer Summit Registration/Permission Form

A completed registration form must be submitted for each student attending the 2018 Step-Up Summer Summit. There are two ways to complete your registration (CHOOSE ONE):

1. Go to the Eventbrite link at: https://2018stepupsummersummit0611_061518.eventbrite.com
2. Complete this form and return by email to: lryden@nws.k12.mn.us

Student Name _____

Street Address _____

City _____ State _____ Zip _____ Home Phone# _____

Student email address _____ Age _____ Date of Birth _____

School attending in 2017-18 _____ Grade completed as of June 2018 _____

School attending in 2018-19 (if known) _____ School District _____

Parent/Guardian names _____

Parent/Guardian email address _____

Additional phone numbers where parents/guardians may be reached (work, cell, etc.):

ALTERNATIVE CONTACT in case of emergency and the parents cannot be reached:

Name/Relationship _____ Phone Number(s) _____

Do you grant NWSISD access to your child's medical records (required for participation)? Yes ___ No ___

• Name of Insurance Company _____ • Insurance Policy # _____

• Group ID # _____ • Doctor Name / Clinic & Phone # _____

Does your child have a food allergy? Yes ___ No ___ **If yes, list foods:** _____

I give my permission for _____ (name of student) to take part in the Northwest Suburban Integration School District Summer Summit. This student, to the best of my knowledge, is in good physical condition and is capable of engaging in strenuous physical activity. I understand that engaging in strenuous physical activity has an inherent risk factor, and that all appropriate precautions will be taken for the safety of my child. I give my permission to Northwest Suburban Integration School District staff, their agents and/or hospital staff to administer proper medical assistance to the above named participant. I agree not to hold Northwest Suburban Integration School District or any of their agents responsible in the event of injury to my child. I also grant full permission to Northwest Suburban Integration School District and its agents to use either my photograph and name (if necessary) or my child's photograph and name (if necessary) in any publication or advertising materials (printed or electronic). This consent also serves to waive all rights of privacy or compensation, which I may have in connection with the use of my photograph and/or name or my child's photograph and/or name.

Parent or Guardian Name (Please Print) _____

Signature of Parent or Guardian _____

Date _____

Email completed form to Linda Ryden: lryden@nws.k12.mn.us
NWSISD 9201 W Broadway Ave., #690, Brooklyn Park, MN 55445; 763-450-1300

Registration Deadline June 1, 2018