



2 Jason Court
Jackson, NJ 08527
08527

732.276.2231 fax
917.692.5222 tel
info@nycski.com

urbansherpa

I hereby give permission to allow my son / daughter _____ to travel with NYCSKI&BOARD, BostonSki&Board and Urban Sherpa Travel to _____ on _____.

I am indicating below whether my child will require any special medical attention during this trip.

_____ YES, my child will require the following medical attention (description) _____

_____ NO, my child will not require special medical attention.

If my child should require medical attention in an emergency, and if the parent or guardian can not be reached, we authorize the leadership of NYCSKI&Board, BostonSki&Board, and Urban Sherpa Travel parental rights to make decisions that are not life threatening but would prolong the health and well-being of our child.

We would also appreciate assistance with rental equipment and ask NYCSKI&Board & Urban Sherpa to take responsibility for the return of rental equipment.

Parent/Guardian Signature

Day Phone _____ Evening Phone _____

Notes: