

NOTE: This form must be submitted to the March of the Living Office in Boca Raton by **April 1, 2019**.

PLEASE SCAN AFTER ALL REQUIRED INFO IS WRITTEN & SIGNED, THEN SEND TO: MOL@BOCAFED.ORG.

Or mail to: **MOL 9901 Donna Klein Blvd. Boca Raton, FL 33428**. Or fax to: **561-852-6043**

March of the Living – Southern Region 2019

PERMISSION FORM FOR FAMILY VISITATION IN ISRAEL



With your express written permission, your *daughter/son* will be permitted to be visited by family members/family friends on **Saturday, May 11, 2019 between 2:00-5:00 PM**.

By signing this form, you and your child agree to these time and security parameters.

(Your child will not be permitted to leave the youth hostel.)

THE FOLLOWING INFORMATION MUST BE PROVIDED FOR YOUR CHILD TO BE VISITED.

PLEASE PRINT CLEARLY:

I give permission to my *daughter/son*: *first*: _____ *last*: _____

to be visited by the following people on Shabbat – May 11th, 2019 – from 2:00 pm – 5:00 pm.

- | | | | |
|----|--------------------|------------------------|--------------------|
| 1. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 2. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 3. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 4. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 5. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 6. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 7. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |
| 8. | <u>NAME:</u> _____ | <u>RELATION:</u> _____ | <u>Cell:</u> _____ |

Number of Children under 16-years old expected: _____

During the time my son/daughter is with the above mentioned people, I agree to hold the leadership of the *March of the Living*, its representatives and staff, harmless from any liability or responsibility for the above named participants, and agree to indemnify the sponsors of the *March of the Living* and its employees for any costs for the above named participants which may arise in connection with this visitation of which I approve.

I will let all visitors know that they may not leave the boundaries of the Agron Youth Hostel.

Snacks will be available for guests.

Due to Security Reasons, I agree that without both student and parent signatures, the visitors may not be let in.

DATE: _____

Student Name (printed)

Student Signature

Parent Name (printed)

Parent Signature