

UNDER-17 Application Process

If you are under 17 years old when you apply for the Sar-El Program, you must meet certain requirements in addition to completing the standard

Sar-El Australia forms. They are as follows:

You must complete and submit the attached document -

UNDER-17 INFORMED CONSENT AND AGREEMENT.

Your parent or legal guardian MUST co-sign the following parts of the regular Application process:

Program Application form

Sar-El Waiver Release

Health Insurance Coverage Policy and Waiver

Sar-El Medical Information Form

You must keep copies of all your submitted forms.

PLEASE NOTE - You will need to take three (3) extra copies of the following forms/documents with you to Israel:

The UNDER-17 INFORMED CONSENT AND AGREEMENT form

Application Form (Doc 2)

The Sar-El Australia "Medical Certificate" (Doc 4) completed by your physician.

A photocopy of the "picture page" of your passport valid for at least 6 months after return date on your ticket

Proof of medical insurance

If you have any questions, please contact Sar-El Australia.

UNDER-17 INFORMED CONSENT AND AGREEMENT

PARENT OR LEGAL GUARDIAN CONSENT TO PARTICIPATE

I understand that participation in the Sar-El volunteer program in Israel involves a certain degree of risk.

I have carefully considered the risk involved and have given my son/daughter, my consent to participate in the volunteer program.

Parent or Legal Guardian Consent for Medical Treatment

In the event my son or daughter should require medical attention and/or treatment during the course of this activity or trip and if after a reasonable attempt I cannot be contacted for the purpose of consenting to such treatment in a timely manner, I hereby give permission to any hospital, physician, and/or other appropriate health care provider selected by an adult leader of the activity or trip to undertake any form of medical treatment considered necessary or appropriate by such provider.

Sar-El volunteer program in Israel

Start Date: _____ End Date: _____

Name of Son / Daughter: _____

Passport No: _____ Issuing Country: _____

Home Phone Number: _____

Business Phone Number: _____

Cell Phone Number: _____

Another way of contacting you:

Health Insurance Company Name and Policy / Group Number:

This form must be signed by a Parent or Legal Guardian:

Applicant _____ Co-Signature _____

Name(Please print) _____ Name(Please print) _____

Relationship _____

Signature _____ Signature _____

Date _____ Date _____