

TRIP ENROLLMENT FORM

Name of Group _____ Group Leader _____

Destination _____ Dates of Trip _____

Participant's Name _____

Address _____

Phone _____

Parent / Legal Guardian's Name _____

Address (if different from above) _____

Emergency Phone _____

Health Information

Medical Insurance Company _____ Phone _____

Policy Number _____

Family Doctor _____ Phone _____

We agree that the Participant can receive non-prescription medicine during the trip if the need arises. We agree that in the event of an emergency, the trip leaders may authorize emergency treatment by a licensed physician / surgeon at an office or hospital for the Participant if a parent or guardian cannot be reached. After treatment of the above named minor, his / her physical custody shall be returned to his / her assigned chaperone.

The Participant is in good health, does not take medications, and has no special medical conditions. Please list exceptions here including any food allergies. (*Attach a separate sheet if more space is necessary.*)

Responsibility: I understand and agree to support all state laws, rules and guidelines set by the Group, School District, Directors and Chaperones. I also understand that the success of the trip depends on my actions and I will cooperate fully with all adults on the trip, airline, bus line, and contest officials. Actions not in the best interest of the group, actions in violation of these guidelines, school, rules, and any serious infraction or repeated infractions will result in me being sent home immediately by commercial carrier at my expense / parents expense.

Personal Items: I understand that the school and the tour company are not responsible for lost or stolen items

Trip Cost, Payments, Cancellations & Refunds: Each participant shall pay the trip sponsor the amount required to enroll in the trip. The Trip Sponsor will specify the payment schedule and the terms on which it will give any refund in the event of cancellation.

We have read, fully understand and agree with the terms of this Application.

Participant's Signature _____ Date _____

Parent / Legal Guardian's Signature _____ Date _____