



Address: 1911 SW Campus Drive Suite 274	City: Federal Way	State: WA	Zip: 98023
Phone: 253.921.5836	Fax: 253.943.8880	Toll Free: 877.514.1269	

PERMISSION FORM

YOUR INFORMATION:

Last Name: _____ Nationality: _____
 First Name: _____ Sex: M F Student Email: _____
 Host Parents: _____ Host Email: _____
 Address: _____
 City: _____ State: _____
 Zip Code: _____ Birth Date: ____ / ____ / ____
 Home Phone: _____ In case of emergency, please contact:
 Host Father's Work/Cell Phone: _____
 Host Mother's Work/Cell Phone: _____

SELECT THE TOUR(S) YOU ARE TAKING:

- Hawaii Tour 1 (\$1050) 2 (\$1050)
- Washington D.C. Tour (\$499)
- Pigeon Forge + Dollywood + Great Smokey Mts (\$599)
- Disneyland + Universal Studios + Hollywood Tour (\$719)
- San Antonio Texas + Six Flags Fiesta (\$559)
- Sandusky Ohio, Roller Coaster Capitol of the World (\$629)

SCHOOL SIGNATURES:

Students must have prior approval and must agree to make up any missed work. A school representative must sign indicating the student has made arrangements to make up any missed assignments.

School Name: _____ Date: ____ / ____ / ____
 Name of School Personnel: _____ Signature: _____

STUDENT / HOST / EXCHANGE SIGNATURES:

I have read and understand all the Terms and Conditions. All parties acknowledge that while on tour, Travel Round America or its representatives may take any action deemed necessary to protect student's safety and well being, including medical treatments at the student's expense and transportation home at the student's expense. Any disputes shall be resolved exclusively through arbitration.

AIRFARE IS NON-REFUNDABLE AFTER PURCHASE.

Student Signature: _____ Host Parent Signature: _____

Exchange program approvals are required for all students.

Signature: _____ Phone Number: _____

MEDICAL INFORMATION:

Medical Insurance Company: _____ Policy or ID #: _____
 (some students may not have a policy # on their insurance card)

List allergies, medical conditions or limitations (vegetarian, etc.) and any prescription medications. Attach additional pages if necessary. If you are currently being treated for a medical condition list the physician's name and phone number. **You must carry your insurance card while on tour.**

