



EXPLORE AMERICA TOURS, Inc.

2009-2010 PERMISSION FORM

Send form to: 4924 Balboa Blvd #287 Encino, CA 91316 or fax to 818-788-4399

Please print

Last Name _____

Nationality _____

First Name _____ SEX: M F

Student email address _____

Host Parents _____

Host email address _____

Address _____

In case of emergency, please contact (do not list home number):

City _____ State _____

Host Father Work/cell phone (_____) _____ - _____

Zip Code _____ Birth date ____/____/____
month day year

Host Mother Work/cell phone (_____) _____ - _____

Home Phone: (_____) _____ - _____

Please check the trips you are taking:

- New York/New Years Dec 28-Jan3 \$725
- Hawaii Feb 10-17 '10 \$825
- Hawaii Feb 17-24 '10 \$825
- Hawaii Mar 24-31 '10 \$825
- California 1 Mar 13-19 '10 \$725*
- Western Mar 20-26 '10 \$725*
- California 2 Mar 27-Apr2 '10 \$725*
- East Coast 2 Mar 27-Apr 2'10 \$725*
- Los Angeles May 29-Jun4 '10 \$725*
- Farewel America Jun 13-20 '10 \$725
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* California & Western tours makes a great 2-trip combo as does as does the California 2 & East Coast2. Call for Details.

SIGNATURES: I have read and understand all the Terms and Conditions. All parties acknowledge that while on tour, Explore America, Inc. 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-REFUNDIBLE AFTER PURCHASE.

Student signature _____ Host Parent signature _____

Exchange program Representative or Exchange program approvals are required for all students.

Signature _____ Phone number (_____) _____ - _____

SCHOOL SIGNATURES: Students must have prior approval & 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 & signature of school personnel _____

MEDICAL INFORMATION: (some students may not have a policy # on their insurance card)

Medical insurance company _____ Policy or ID # _____

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, also list the physician's name and phone number. Remember, you must carry your insurance card while on tour.

Would you prefer roommates of the same or different nationalities? Anyone in Particular?

#1 _____ #2 _____ #3 _____