



Address: 1911 SW Campus Drive Suite 425	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:

- New York City Holiday Tour (\$895) Walt Disney World Resort in Orlando (\$795)
 Hawaii Tour (\$995) Disney Bahamas Cruise (\$995)
 Washington D.C. Tour (\$995) Western Wilderness Adventure Yellowstone Tour (\$895)
 Disneyland + Universal Studios + Hollywood Tour 1 2 (\$795)

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.**

