

SPIRAL International China Tours: Student Registration

(Please print clearly)

To Participate:

Send the following documents to SPIRAL International (7 Kilburn St, Suite 209, Burlington VT 05401)

- ✓ Completed registration (one per participant);
- ✓ Photocopy of passport (important: your passport must be valid for <u>12 months</u> after your departure);
- ✓ Deposit check made out to SPIRAL International (see *Tour Overview* for amount and deadline)

Name (as it appears o	n your passport‼):	
Date of birth:	Passport number:	Expiration date:
Home address:		
E-mail(s):		
Emergency Contact – na	me & phone:	
Parent/guardian name(s	s):	
		Grade (2018-19)
(\$1000, \$1500 or \$180 Allergies or other I		
Regular or emergency m	nedications taken:	
		Who will administer medication:
Allergies:	Other health is	ssues:
Note: all medications	must be in the original containers	s!
As parent/guardian of authorized care.	this student, I assume all financial	responsibility for the delivery of such duly
Darent / Legal Guardian	o Signaturo:	Dato



China Tours: Parent Permission Form

(Parent or Guardian, please read and fill in the requested information)

I hereby give my permission for	(student's name) to participate in SPIRAL				
	will not hold SPIRAL International or the chaperones				
·	may occur after every effort has been made to assure right				
conduct and safety. In case of an emergency, the chaperones have my permission to make decisions concerning my child's medical care.					
I understand that should it become necessary for \boldsymbol{m}	ny child to return home early for any reason, I will pay all				
additional expenses.					
Parent/Legal Guardian Signature:	Date:				
China Tours: Cons	ent for Medical Treatment				
As Parent/Legal Guardian(s) of:	(<u>student's name</u>), I/we hereby				
authorize SPIRAL International (7 Kilburn Stree					
	alf in authorizing and consenting to all necessary and				
appropriate X-ray examinations, anesthetic, medical, dental, and/or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, general or special					
supervision of any physician or surgeon licensed to practice medicine.					
supervision of any physician of surgeon necesse	a to practice meantine.				
It is understood that this authorization, which i	s valid for the duration of the tour unless sooner				
terminated, is given in advance of any specific diagnosis, treatment, or hospital care, but is given to					
provide authority and power to the aforesaid a	gents and representative to give specific consent to any				
physician which, in the exercise of their best medical judgment, is deemed advisable and is in the best					
interest of my child.					
Parent/Legal Guardian Signature:	Date:				

China Tours: Student Conduct Agreement

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,	, agree to abide by the following rules:
(<mark>Please print your name</mark>)	

- 1. I understand that any misconduct will be subject to appropriate action by the chaperones including the possibility of being sent home at my own expense.
- 2. I understand that the chaperones are authorized to act on behalf of my parents, and I agree to follow their instructions at all times.
- 3. I will follow all safety instructions when traveling by boat, bus, plane or car.
- 4. Once curfew is set each night, I will remain in my room until morning (approx. 6-7am)
- 5. I promise not to drink any alcoholic beverages or use any illegal drugs.

Please sign below if you agree to and support the above rules and statements.

Student Signature	Date
Parent Signature	Date

China Tours: Media/Photo Release

SPIRAL International often uses photos, videos and/or interviews of students and adults who participate in our programs on our website and in our publicity materials. Please complete this form to give permission for your child's image or words to be used in this way.

I hereby authorize SPIRAL International to use my child's photo or words in company publications, websites or other publicity materials.

Parent Signature	Date
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