

Smart Touring Application

To apply, please complete and sign this application and submit with a \$400 deposit.
Applications can be mailed or faxed to us and are processed as we receive them.

Please mail to: Smart Touring, P.O. Box 1414 Northampton, MA 01061. Or fax to: 413.587.0401
Please include a current photo of participant with the application.

Participant Information

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Birth Date: _____ Age as of June 27, 2004: _____ Height: _____ Weight: _____

Male Female Current Grade in School: _____ T-Shirt Size: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Siblings names & ages: _____

Please mark the session to which you are applying

Young Adult Adventures:

- 2 weeks, New England: July 31st to August 13th
- 3 weeks, Pacific Northwest: July 26th to August 15th
- 4 weeks, Mediterranean Isles: June 27th to July 23rd

Adult & Family Adventures:

- 10-day, Pacific Northwest: August 20th to August 29th
- 12-day, Mediterranean Isles: September 1st to September 12th
- Custom-Designed Trip: Dates preferred _____ to _____

Are you attending with a friend(s)? Yes No
If so, please list name(s) _____

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Please list any prior camping and/or travel experiences:

Please list your hobbies, sports, and extracurricular activities that interest you:

Names and addresses of friends/relatives who may wish to receive info about us:

References

Please list the name and phone number of two people: (teachers, coaches, or advisors) and let them know we will be contacting them for a personal reference.

Name: _____ Name: _____

Phone: _____ Phone: _____

Relationship _____ Relationship _____

Method of Payment

Deposit Amount Enclosed: \$ _____ * Balance Due by May 27, 2004

Method of Payment:

Check Money Order

Visa Mastercard Credit Card Number: _____ Exp. Date: _____

Credit Card Holder's Signature _____

To complete this application: please fill out all information and sign the agreement. Return the completed application to us at: Smart Touring PO Box 1414 Northampton, MA 01061 or Fax it to us at 413.587.0401. Your trip application must include a \$400.00 deposit. All applications received after May 27th, 2004 must include payment in full.

TRIP CANCELLATION INSURANCE: We strongly suggest you take out Trip Cancellation Insurance to cover you or your child if he/she becomes ill or injured before the trip begins. This insurance is available through your travel agent or contact us for additional information.

Please read & Sign below

PARENT AGREEMENT

BY SIGNING BELOW, I BELIEVE THAT MY CHILD IS CAPABLE OF HANDLING BOTH THE EMOTIONAL AND PHYSICAL ASPECTS OF HIS/HER TRIP CHOICE. IF MY CHILD IS FOUND IN VIOLATION OF ANY PART OF THE STUDENT AGREEMENT, OR AT THE DISCRETION OF THE PROGRAM DIRECTOR(S), HE/SHE CAN BE SENT HOME IMMEDIATELY AND I WILL BE RESPONSIBLE FOR ANY AND ALL COSTS INCURRED IN GETTING HIM/HER HOME. LIKEWISE, I AM RESPONSIBLE FOR ALL COSTS INCURRED IF MY CHILD'S BIKE, EQUIPMENT/CLOTHING IS BROKEN, LOST OR STOLEN WHILE ON A TRIP AND IF MY CHILD NEEDS MEDICAL ATTENTION FOR ANY REASON. I UNDERSTAND THAT BIKING IS NOT RISK FREE AND THAT THERE ARE INHERENT DANGERS IN ANY PROGRAM ACTIVITY INCLUDING BUT NOT LIMITED TO BIKING, HIKING AND SWIMMING. I UNDERSTAND THAT SMART TOURING IS NOT RESPONSIBLE FOR THE ACTIONS OF MY CHILD IF MY CHILD LEAVES ANY PLACE DURING A TRIP WITHOUT THE KNOWLEDGE OR CONSENT OF HIS/HER LEADERS. I AUTHORIZE SMART TOURING TO USE PHOTOS OF MY SON/DAUGHTER AND/OR QUOTES FROM EVALUATIONS, CONVERSATIONS AND CORRESPONDENCE FOR USE IN ANY SMART TOURING PROMOTIONAL MATERIAL. ENCLOSED WITH THIS APPLICATION IS A \$400 DEPOSIT. I UNDERSTAND THAT THE BALANCE OF THE TUITION IS DUE BY MAY 27,2004. I HAVE READ AND AGREE TO ALL CANCELLATION POLICIES AND FEES.

Parent Signature _____ Date _____

STUDENT AGREEMENT

I AGREE TO WORK TOGETHER WITH MY GROUP, ACCEPT OCCASIONAL DISAPPOINTMENTS, SHARE, COOPERATE AND COMPROMISE TO ACHIEVE A SUCCESSFUL EXPERIENCE FOR ALL. I UNDERSTAND THAT THERE WILL BE STUDENTS OF VARYING ABILITY LEVELS AND PHYSICAL CONDITIONING. I AGREE TO SHARE MY KNOWLEDGE, HELP AND ENCOURAGE THOSE IN NEED. I ALSO AGREE TO ACCEPT THE SAME FROM OTHERS. I UNDERSTAND THAT AN ENJOYABLE AND FULFILLING EXPERIENCE WITH SMART TOURING DEPENDS ON A POSITIVE ATTITUDE, A WILLINGNESS TO CONTRIBUTE TO THE ENTIRE GROUP, AND A DESIRE TO PARTICIPATE ENTHUSIASTICALLY IN THE PROGRAMS ACTIVITIES. I WILL NOT USE, CONSUME OR BE IN POSSESSION OF TOBACCO, DRUGS OR ALCOHOL WHILE ON THIS TRIP. IF I VIOLATE THIS RULE I UNDERSTAND I WILL BE SENT HOME. I WILL RIDE MY BIKE IN A SAFE MANNER AND ADHERE TO ALL SAFETY RULES. UNDER NO CIRCUMSTANCE WILL I GET INTO A VEHICLE WITH ANYONE WITHOUT ONE OF MY LEADERS PRESENT. I WILL NOT LEAVE ANY PLACE DURING A TRIP WITHOUT THE KNOWLEDGE AND CONSENT OF MY LEADERS. I UNDERSTAND EXCLUSIVE RELATIONSHIPS AND SEXUAL BEHAVIOR WILL IMPACT THE GROUP IN A NEGATIVE WAY AND ARE NOT ALLOWED AT ANY TIME DURING MY TRIP. I UNDERSTAND THAT ABUSIVE, VIOLENT AND/OR DESTRUCTIVE BEHAVIOR, INCLUDING EXCESSIVE SWEARING, IS NOT PERMITTED ON MY TRIP. I AGREE TO TREAT MY ENVIRONMENT AND THOSE WITHIN IT WITH RESPECT AND CARE. I HAVE READ AND AGREE TO ABIDE BY ALL THE ABOVE RULES. IF, DURING A TRIP, I VIOLATE ANY OF THE POLICIES ABOVE, I UNDERSTAND I MAY BE SENT HOME IMMEDIATELY.

Student Signature _____ Date _____

HEALTH HISTORY / MEDICAL FORM

Participant's Name: _____ Sex: Male Female
Street Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Birth Date: _____ Age (on June 27, 2004): _____
Parent/Guardian Name: _____ Phone: _____
Employer: _____ Business Phone: _____ Cell/Pager: _____
Parent/Guardian Name: _____ Phone: _____
Employer: _____ Business Phone: _____ Cell/Pager: _____

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relation: _____
Name: _____ Phone: _____ Relation: _____
Family Physician: _____ Address: _____ Phone: _____
Dentist/Orthodontist: _____ Address: _____ Phone: _____
Medical Insurance Carrier: _____ Policy #: _____

Please Submit a copy of Insurance Card.

HEALTH RECORD

Health History & Immunizations:

- Ear Infection Convulsions Tetanus Polio
- Asthma Clotting Disorder Measles/Mumps/Rub Hepatitis

Allergies:

- Pollen Poison Oak Penicillin
- Insect Stings (type?) _____
- Foods (type?) _____
- Other Drugs (type?) _____
- Other _____

Operations, serious injuries, diseases, or restrictions on physical activity:

Current medication and purpose:

Is parent sending medication with the participant? Yes No If yes, please list:

If applicable , please list behavioral conditions or problems the staff should be aware of in order to enhance the participants trip experience:

PARENT AUTHORIZATION/MEDICAL RELEASE: The information provided is correct to the best of my knowledge, and the person described has my permission to engage in all prescribed activities, except if noted by me. In the case of sickness or accident, I hereby give permission to the medical personnel selected by the Smart Touring leaders to order x-rays, routine tests, treatment, dental work, and necessary transportation for the recipient at my expense. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the Smart Touring representative to secure and administer treatment, including hospitalization, for my child as named above. This form may be photocopied for use away from the main program site.

PARENT / GUARDIAN SIGNATURE _____ **DATE:** _____