

**2008 “Our Dreams Take Flight” 5th Grade Cultural Exchange to Japan
Student Participant Registration and Emergency Contact Information**

Sponsored by Oya No Kai, Inc.

Expected travel dates: mid June, 2008 – early July, 2008

**Return the Registration and Emergency Contact Information form to:
Jennifer Snyder, P.O Box 14392, Portland, OR 97293 by October 1, 2007**

**Portions of this document must be signed and dated by you and your child in the
presence of a Notary.**

Name of Student Participant : _____

Name of Parent/Legal Guardian: _____

We understand that by making the deposits and completing this registration form, we are indicating our commitment to participate in the 2008 5th Grade Cultural Exchange to Japan. We understand that Cultural Exchange plans and reservations will be made based on the number of registrations received. Subject to certain restrictions or fees regarding cancellations that are imposed by the airlines or other transportation providers, the deposits may be refunded if the Student Participant must cancel registration and is unable to participate in the Cultural Exchange due to medical emergency or financial hardship.

_____ (initials)

We understand that participants in the Cultural Exchange act as goodwill ambassadors for our community, including Richmond Elementary School, Portland Public Schools (PPS), the City of Portland, the State of Oregon and the United States of America and should take this responsibility seriously and follow the behavioral expectations outlined in Attachment 1. We understand that PPS does not fund, sponsor, or endorse this Cultural Exchange. PPS is not responsible for conducting or supervising this Cultural Exchange.

_____ (initials)

Every effort is made to raise funds and your efforts are appreciated. PPS will not be liable for contributing financially in any way should fundraising goals not be met. Participants are responsible for **ALL** trip expenses not covered by fundraising. Any **additional** expenses incurred as a result of illness or injury (including transportation and lodging for the Student Participant and any additional persons necessary to deal with the situation) will be the responsibility of the parent or legal guardian.

_____ (initials)

We will provide a total deposit of \$2100 to Oya No Kai, Inc according to the deadlines indicated of July 20, 2007, \$500 October 1, 2007, \$500 November 26, 2007, \$500 February 4th, 2008 and \$500 April 28th 2008. We understand that additional payments may be necessary should fundraising not cover the additional costs of the Cultural Exchange. (In a few unique circumstances, arrangements can be made for an alternative payment schedule.)

_____ (initials)

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STUDENT PARTICIPANT INFORMATION

Student Participant Name:

First Middle Last Nickname

Age: _____ Date of Birth: _____ Gender: _____

Name of parent (s)/guardian (s): _____

Address	Telephone	Fax	Email
Home: _____ _____			
Business: _____ _____			

Name of Second parent/guardian (if living separately): _____

Address	Telephone	Fax	Email
Home: _____ _____			
Business: _____ _____			

Please circle the e-mail address or addresses above that ONK should use to send information about the Cultural Exchange when in Japan. If nothing is circled, we cannot guarantee that you will get information during the Cultural Exchange unless alternative arrangements are made.

Does this Participant desire to extend their stay in Japan? ___ No ___ Yes If yes, please explain.

Does this Participant have a **valid passport that will allow entry into Japan** during the expected dates of travel? ___ Yes ___ No If this is not a US passport, please tell us what country it is for.

If no, the student must have a valid passport prior to the beginning of the Cultural Exchange.

Does one parent or guardian have a **valid passport that will allow entry into Japan** during the expected dates of travel? ___ Yes ___ No If this is not a US passport, please tell us what country it is for. **If no, at least one parent must have a valid passport prior to the beginning of the Cultural Exchange.**

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PUBLICITY DENIAL

While traveling to, from and within Japan, the Student Participants may be interviewed, filmed or photographed by the news media. **Under U.S. or Japan law, the Student Participant may be filmed or photographed while in public places. However, if you do not wish the Student Participant to be individually interviewed or specifically identified by name while out in the public, please initial here: _____**

HOME STAY COMMITMENT

In the planning and execution of the Cultural Exchange to Japan, home stays make an otherwise prohibitively expensive trip a reality. In addition to the cost saving from not staying in hotel rooms, the student participants save money on food. Obviously the experience of staying in a Japanese home provides additional cultural enrichment.

The Cultural Exchange could easily cost an additional \$1000 or more per student participant if it did not include home stays.

But these home stays come with a responsibility – the commitment of all of the participants to reciprocate. Several student groups will be traveling from Japan to Portland this spring and summer and homestays are needed for them.

By accepting home stays in Japan, you create the obligation and responsibility to provide home stays in Portland to travelers from Japan. You will be asked to provide home stays for visitors from Japan. Obviously, there are genuine reasons why a home stay may not work out at a certain time, but you are expected to make a good-faith effort. _____ (initials)

Dated: _____

Signature of parent or legal guardian

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RELEASE OF LIABILITY, WAIVER OF CLAIM, COVENANT NOT TO SUE, VOLUNTARY ASSUMPTION OF RISK, AND INDEMNIFICATION AGREEMENT

(“RELEASE AGREEMENT”)

In consideration of my participation in Oya No Kai, Inc.’s 2008 5th Grade Cultural Exchange to Japan (“Cultural Exchange”), I, and on behalf of my heirs, assigns, executors, administrators, and personal representatives, hereby agree to the following terms and conditions:

1. I release, waive, and discharge Oya No Kai, Inc., Portland Public Schools, any respective directors, officers, employees, members, representatives, agents, affiliates, independent contractors, volunteers, and all others involved with cultural exchange (collective referred to as “Releasees”) from any and all claims I may have at any time, now or in the future, for any and all claims, demands, losses, or damages on account of personal injury, sickness, property damage, death or any other loss that I may sustain, resulting directly or indirectly from my participation in the Cultural Exchange, caused or alleged to be caused in whole or in part by the negligence, breach of contract or other act, conduct or status of any of the Releasees.
2. I covenant not to sue Releasees for any personal injury, sickness, property damage, or any other loss that I may sustain arising out of or in any way related to my participation in the Cultural Exchange.
3. I hereby certify that I am in normal health and capable of safe participation in the 5th Grade Cultural Exchange, which is sponsored by Oya No Kai, Inc. I know that such activity may involve risks and that I may be injured as a result of the activity and/or as the result of the negligence of others participating in the trip. I assume all risks and hazards incidental to the conduct of this Cultural Exchange and for the transportation in regard to this Cultural Exchange.
4. I acknowledge and understand that there are inherent dangers in traveling overseas and participating in the Cultural Exchange, and that I may be exposed to risks of severe social and economic losses, and physical and mental dangers, including, but not limited to, inadequate or defective equipment; negligence of the Releasees; foreign, political, legal, social, transportation, health and economic conditions; different standards of design, safety, and maintenance of buildings, public places, and conveyances; local medical facilities and providers; local weather conditions; diseases, allergic reactions, cuts, fractures, loss of vision, seizures, strains, permanent disability, mental trauma, and death. Further, that there may be other risks not known or not reasonably foreseeable at this time. I fully and voluntarily assume any and all risks of physical, mental, social, and economic injury associated with participation in the Cultural Exchange.

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5. I understand that Releasees are not agents of, and have no control over, any third party that may provide any services including food, lodging, travel, homestays, or other goods or services associated with the Cultural Exchange. I understand that Oya No Kai, Inc. assists with the arrangement of these goods and services only as convenience to the participants. Accordingly, I understand and agree that Releasees accept no responsibility, in whole or in part, for delays, loss, damage, or injury to persons or property whatsoever, caused to me or others prior to departure, while traveling or while staying in designated lodging.
6. I understand and agree that my participation in the Cultural Exchange is entirely voluntary and that I, to my knowledge, have no medical or physical condition that would endanger others or myself or would interfere with my ability to participate in the Cultural Exchange.
7. I agree to defend, hold harmless, and indemnify Releasees from and against any and all claims, losses, costs, expense, or damages, including attorneys' fees and court costs, or other loss that may arise, in whole or in part, out of negligent, intentional or other act or omission by me in connection with my participation in the Cultural Exchange.
8. **I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS RELEASE AGREEMENT AND I VOLUNTARILY SIGN THIS RELEASE AGREEMENT.**
 DATED this _____ of _____, 2007.

 Signature of Student Participant

 Printed Name

I am the parent or legal guardian of the participant. I have carefully read the Release of Claim, Waiver of Liability, Covenant Not to Sue, Voluntary Assumption of Risk, and Indemnification Agreement (Release Agreement), including portions that may subject me to personal financial responsibility. I will be legally responsible for the obligations and acts of the participant as described in this Release Agreement and agree, for myself and for the participant, to be bound by its terms. I acknowledge that I have received a complete copy of this Release Agreement. ***Both persons must sign if both are responsible parents or legal guardians of the participant.***

 Signature of parent or legal guardian

 Print Name

 Signature of parent or legal guardian

 Print Name

***SIGNATURES MUST BE SIGNED BEFORE A PUBLIC NOTARY
 (See next page)***

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STATE OF OREGON)
) ss.
County of _____)

On this ____ day of _____, 2007, before me, a Notary Public in and for the State of Oregon, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed Release of Claim, Wavier of Liability, Covenant Not to Sue, Voluntary Assumption of Risk, and Indemnification Agreement and acknowledged it to be his/her free and voluntary act and deed for the uses and purposes mentioned in the instrument.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal the day and year first above written.

NOTARY PUBLIC FOR OREGON
My Commission Expires: _____

STATE OF OREGON)
) ss.
County of _____)

On this ____ day of _____, 2007, before me, a Notary Public in and for the State of Oregon, personally appeared _____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person who executed Release of Claim, Wavier of Liability, Covenant Not to Sue, Voluntary Assumption of Risk, and Indemnification Agreement and acknowledged it to be his/her free and voluntary act and deed for the uses and purposes mentioned in the instrument.

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PARENT AND STUDENT PARTICIPANT CONTRACT

I, the undersigned Student Participant, agree to abide by the rules and regulations outlined in the attached Expectations and Discipline. I realize that my safety and the success of the Cultural Exchange depend, in large part, upon the cooperative spirit of every participant. I understand that the chaperones and other adults responsible for this trip deserve my utmost respect and attention. I will immediately respect and respond to all reasonable requests and directions from adults. I also acknowledge and agree to the set of penalties that will be enforced if any rules are broken.

STUDENT PARTICIPANT SIGNATURE _____

DATE _____

I, the undersigned, the Legal Parent or Legal Guardian of _____ (Student Participant) understand that in the event of any major Student Participant misconduct, the chaperones and my child will telephone home to work out the situation, if possible. But I also understand and agree that if the Student Participant breaks any of the rules he/she will be subject to any/all reasonable penalties set out in the attached Expectations and Discipline, up to and including telephoning home (collect) or being sent home early at my expense. I understand that the determination of what is a reasonable penalty shall be determined by the trip directors and chaperones and will be accepted and not be contested by me. My signature below indicates (i) my understanding and agreement to these conditions and the other conditions and statements set forth in this Registration Form, (ii) the waivers, consents and powers of attorney set forth or created herein, and (iii) my acknowledgement of the accuracy and completeness of the information provided herein.

LEGAL PARENT or GUARDIAN SIGNATURE:

Printed Name: _____

DATE _____

Subscribed and sworn before me this _____ day of _____, 2007, by
_____.

NOTARY PUBLIC FOR OREGON
My Commission Expires: _____

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Behavioral Expectations and Discipline
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Please Note: Student Participants that break any of the rules are subject to the disciplinary actions listed below at the discretion of the trip director/chaperones. Some rules or actions are so serious, however, that being sent home immediately at parents’ expense could occur.

Rules

1. Stay with your group. Student participants must be within 10 feet of the group and ready to participate in activities at all times.
2. Do not interrupt, disrupt or unnecessarily question any adult or student participant that is presenting information to the group (this includes bus drivers & guides).
3. Aircraft, busses, home stay rooms, hotel rooms & public places must be left neatly; no littering.
4. Being out of your hotel room unaccompanied by a chaperone will not be tolerated. Telephones are to be used only to call a chaperone or in case of emergency.
5. Never leave the hotel/host family/school without permission.
6. Electronic Games such as Game Boy or Walkman are to be used on the airplane only unless approved by a chaperone. During the rest of the trip they must remain packed away in suitcases.
7. Fighting is not acceptable.
8. Swearing/name calling/teasing/back talking is not acceptable. **TREAT EVERYONE WITH RESPECT.**
9. Vandalism of any private or public property will not be tolerated.
10. Theft of any public, private or personal items or money will not be tolerated.
11. Do not carry or use cigarettes, alcohol or inappropriate reading material.
12. Be gracious and respectful of all home stay families. Do not make inappropriate requests regarding meals, presents or trips.

Disciplinary Actions

1. Sitting with an adult on the bus or at mealtimes.
2. Being removed from your group.
3. Missing a planned activity or activities.
4. Calling parents collect to work out a situation.
5. Being sent home at parent’s expense.

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**2008 “Our Dreams Take Flight” 5th Grade Cultural Exchange to Japan
Emergency Medical Authorization Form
Sponsored by Oya No Kai, Inc.**

This document must be notarized.

I/we, the undersigned parent(s) or legal guardian(s) of _____
(Student Participant) understand that I/we may not be available to authorize medical care of the Participant. Accordingly, I/we hereby give consent and authorization in advance to the Trip Directors and Chaperones appointed by Oya No Kai, Inc., for the 2008 Cultural Exchange to authorize necessary medical or dental treatment for the Participant, including, but not limited to, hospitalization, injections, anesthesia, surgery, and medication.

I agree to be responsible for, and agree to pay upon demand, all medical costs and debts that may be incurred by, or on behalf of, the Student Participant during the trip and activities, including, but not limited to, all expenses not covered by insurance that occur as a result of any accident, illness or medical emergency involving the Student Participant. A fee of 9% interest will be added to monies owed starting 90 days after completion of the cultural exchange.

This authorization is effective during the time established for the 2008 Cultural Exchange, generally expected to be between June 15, 2008 and July 15, 2008.

Name of Parent or legal guardian: _____

Emergency Contact: _____ **Phone:** _____
Relationship: _____

Please check if you have, or are subject to the following (please explain below):

Asthma: _____ Diabetes: _____ Fainting: _____ Insect bite allergy: _____
Heart trouble: _____ Convulsions: _____ Sleepwalking: _____
Motion Sickness: _____ Others/Comments: _____

Do you need to carry an emergency insect bite kit? Yes No

List any food exclusions or allergies (i.e. vegetarian, religious restrictions, etc.): _____

Describe any restrictions of activity for medical reasons: _____

Describe any mental or emotional problems: _____

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Swimming ability (circle): Non-swimmer Beginner Intermediate Advanced

Current Prescription

Medications: _____

Will your child have prescription medicines in their possession? Yes No

(These must be in prescription containers with Student Participant's name on them.)

If yes, please specify? _____

If the Student Participant takes medication that requires adult supervision, please attach a letter from his/her doctor containing the instructions.

Dates of MOST RECENT immunizations:

Tetanus Immunizations (most recent): _____

Hepatitis B Immunization (most recent): _____

Varicella/Chicken Pox (or date of disease) _____

Measles, Mumps, Rubella (MMR) _____

Health Insurance is necessary and required. Please complete the following:

Health Insurance Company: _____

Policy #: _____ **Group #:** _____

Are you covered for International Travel? _____

If yes, be aware that you are responsible for paying for costs in Japan, and for getting reimbursed from your insurance carrier.

If no, what trip coverage is being applied for? _____

MEDICATION ADMINISTRATION:

Circle any items to which you are allergic or wish NOT to receive:

- | | | | |
|--------------------|-------------------|----------------------|---------------|
| Milk of Magnesia | Chlortrimeton | Polysporin | Pepto Bismol |
| Tylenol | Dramamine | TUMS | Benadryl |
| Topical Anesthetic | Maalox or Mylanta | Phenyephrine | Robitussin DM |
| Imodium AD | Ibuprofen | Hydrocortisone Cream | |

Other (prescription or non-prescription) _____

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I/We certify that my child, the Student Participant, is in good health and can travel to Japan and participate in the Cultural Exchange. I have read this Emergency Medical Authorization Form and give consent and authorization as described above. I will notify ONK if the health of the Student Participant changes between now and the time of the Cultural Exchange.

Both persons must sign if both are responsible parents or legal guardians of the Student Participant and signatures must be notarized below.

.....
DATED: _____

Signature of parent or legal guardian

Signature of parent or legal guardian

Print Name

Print Name

STATE OF OREGON)
) ss.
County of _____)

This instrument was acknowledged before me on this _____ day of _____, 2007, by _____.

NOTARY PUBLIC FOR OREGON
My Commission Expires: _____

STATE OF OREGON)
) ss.
County of _____)

This instrument was acknowledged before me on this _____ day of _____, 2007, by _____.

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