



2012- 2013 Permission Form

1707 Brockton Ave, Suite #3
LA, CA 90025, USA

www.seahawaitours.com
seahawaitours@gmail.com

800.617.0162
323.209.5501

Last Name _____ ☐ M ☐ F
First Name _____
Host Parents _____
Address _____
City _____ State _____
Zip _____ Birth Date ____ / ____ / ____
Host Family Phone (____) ____ - ____

Nationality _____
Student Cell
While Traveling (____) ____ - ____
Student
Email _____
Host Father Phone (____) ____ - ____
Host Mother Phone (____) ____ - ____

Please check the trip you are taking:

March 9 – March 16 2013	<input type="checkbox"/>	\$896.00
March 18 – March 25 2013	<input type="checkbox"/>	\$896.00
March 26 – April 2 2013	<input type="checkbox"/>	\$896.00

Signatures:

I have read and understand all the Terms and Conditions. All parties acknowledge that while on tour, Sea Hawaii Tours 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 Representative:

Exchange program approvals are required for all students. Exchange program permission may be later withdrawn for failing grades or violation of program rules. Consult your exchange representative.

Student Signature _____ Parent 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 ____ / ____ / ____

School Personal Name _____ Signature _____



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Medical Information :

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.

Roommates:

Would you prefer roommates of the ☐ same or ☐ different nationalities?

Anyone in particular?

#1 _____

#2 _____

#3 _____

Please sent his form back via fax, email or regular post.

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