



5018 William Flynn Highway • Gibsonsia PA 15044
(724) 443-5600 • Fax: (724) 443-7447

Dear Parent:

We are delighted that you are permitting your child to participate in our tour. You have chosen one of the finest educational tours on the market today. In order for us to continue our fine reputation, we require that your child follow the Damage and Discipline rules and regulations while on our tour. The two page **Ameritours Damage and Student Behavior Policies** has been provided to the Group Leader. This document lists samples of inappropriate behavior, as well as covering possession of items which are not allowed on the trip. Please discuss these rules and regulations with your child.

A summary of Ameritours Damage Policy is as follows: In the event your child causes any damage during the course of the trip, you, as parent or guardian, and the student, agree to assume all costs to repair the damage. **Ameritours has a 3 step Discipline Policy:** **1.** Warning to the student regarding behavior, **2.** Collect call to parent or guardian regarding behavior, and **3.** Send student home, with chaperone, at parents or guardians expense. Step 3 may be taken without Step 1 and/or 2 depending on severity of student infractions. **Automatic with any drug or alcohol use/possession, or any incidents of shoplifting.** We have also instituted the following **Refund Policy:** The non-refundable deposit and any unrecoverable charges assessed by hotels, restaurants, admissions, other tour facilities and/or Ameritours will be the responsibility of the cancelling traveller, regardless of the date of notice, unless a replacement is made by the traveller. A written notice of cancellation is required. All other monies will be refunded.

STUDENT INFORMATION

Name of Student: _____
Grade of Student: _____ Homeroom Number: _____
Name of Parent/Guardian: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Telephone Number: _____ Work Telephone Number: _____

ROOMMATE PREFERENCES

Your Name: _____
Roommate #1: _____
Roommate #2: _____
Roommate #3: _____

MEDICAL NEEDS OF STUDENT

Prescription Medicine Name: _____ Dosage: _____
Special Medical Problems: _____
Allergies to food, medications, etc: _____
Insurance Company Name and Policy Number: _____
Date of Last Tetanus Shot: _____
Name Personal Physician: _____
Physicians Telephone Number: _____

STUDENT PERMISSION & MEDICAL RELEASE SIGNATURE

I have read and understand the Ameritours Damage, Discipline and Refund policies and agree to their enforcement. I also hereby authorize any medical treatment for my son/daughter at the nearest hospital or emergency clinic in the event of an injury while participating in the Ameritours tour. I also guarantee payment of any charges incurred during this medical treatment not covered by the Ameritours medical insurance.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____