



*** SISTER CITIES OF GREENFIELD, INC . ***

**Adult Travel Application 2017-18
(Please print or type)**

Name: _____ Today's Date _____

Address: _____
(Include City and Zip Code)

Home Phone: _____ Cell Phone: _____

Email address _____

Occupation: _____

Place of Employment (if applicable) _____

Year Hosted (if applicable) _____

Community Activities (attach additional information, if needed):

**** Please write a one-page essay: Why I would like to visit our Sister City, Kakuda, Japan.****

Attach your essay to this application.

Names of two references:

Name _____ Email _____

Name _____ Email _____

Sister Cities of Greenfield may contact your references and ask for supporting information to your application for travel.

*** SISTER CITIES OF GREENFIELD, INC. ***

Chaperone Travel Application 2017-2018, page 2

(Please print or type)

Name: _____

Do you have any food allergies? No Yes (please list) _____

Do you have any medical issues your fellow chaperones will need to be aware of?

No Yes (please list) _____

Are you currently taking any medications?

No Yes (please list) _____

Please note: Several common, American over-the-counter and prescription medications are illegal in Japan and should not be taken into the country by any traveler. Other prescription medications used for anxiety and depression are also illegal. If you are selected to be a Sister Cities of Greenfield student traveler and are currently taking one of these medications, please be in contact with your doctor regarding this situation. You will also want to review the guidelines outlined on the following websites for more information. You must also let the outgoing wing director know what types of medication you will be taking with you. ***All prescriptions should be in their original containers and prescribed for the traveler. Sister Cities of Greenfield will not be responsible for the consequences of a traveler taking any type of medication to Japan.***

- It is illegal to bring into Japan some over-the-counter medicines commonly used in the United States, including inhalers and some allergy and sinus medications. Specifically, products that contain stimulants (medicines that contain Pseudoephedrine, such as Actifed, Sudafed, and Vicks inhalers), or Codeine are prohibited. Others include, but are not limited to, Tylenol Cold, Nyquil, Nyquil Liquicaps, Advil Cold & Sinus, Dristan Cold ("No Drowsiness"), Dristan Sinus, Drixoral Sinus, Lomotil, Monoamine Oxidase Inhibitors (MAO) used in any anti-depressant capacity - such as Moclobemide marketed as Aurorix, and any conventional Selective Serotonin Reuptake Inhibitor (SSRI).

<http://japan.usembassy.gov/e/acs/tacs-medimport.html>

<http://www.mhlw.go.jp/english/topics/import/index.html>

Signatures and Consent Page

Adult Pledge and Signature:

I understand that if I am selected to travel to our sister city, I will become a representative not only for the citizens of Greenfield, but also of Indiana and the United States. I understand I will be required to prepare for my trip by attending language and culture classes in May. I will be responsible for attending all classes, being allowed only one excused absence. More than one absence will eliminate the opportunity to travel to Japan. I understand that there will be assignments given to complete during our trip. I understand I will be expected to conduct myself with the highest standards; to reflect with honor the people I have been chosen to represent. I understand that I will be responsible to chaperone the student representatives on this trip. I understand that I will be responsible for all travel costs incurred by Sister Cities of Greenfield if I am sent home due to disciplinary or legal issues while in Japan. I further understand that I am committing for the period of one year to be available, upon request, to speak to community organizations in Greenfield and share my experiences. These duties will involve public presentation and speaking.

Signature: _____ Date: _____

I hereby grant permission to the Sister Cities of Greenfield to use my photograph on its World Wide Web site or in other official printed publications without further consideration, and I acknowledge the organization's right to crop or treat the photograph at its discretion. I also acknowledge that the organization may choose not to use my photo at this time, but may do so at its own discretion at a later date.

I also understand that once my image is posted on the Sister Cities of Greenfield website, the image can be downloaded by any computer user affiliated or non-affiliated with the organization. Therefore, I agree to indemnify and hold harmless from any claims to the following:

*Sister City of Greenfield Board of Directors
All sponsors of the Sister Cities of Greenfield Program
All members of the Kakuda Wing, in Kakuda, Japan*

I also allow the Sister Cities of Greenfield to share information about me and my family to members of the Kakuda Wing for reasons related to hosting and participation in the program.

Signature: _____ Date _____

Please mail or email your application by no later than Friday, December 22, 2018 to Phil Boley, 5509 North Cherry Tree Drive, Greenfield, IN 46140 phil.boleym@econnectionchina.org.