



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

Student Travel Application 2017-18

(Please print or type)

Today's Date: _____ Male Female (circle one)

Name: _____ Student E-mail: _____

Address: _____
(Including City and Zip Code)

Home Phone: _____ Cell Phone: _____

Parents' Names: _____

Parents' Phone: _____ Parents' E-mail: _____

Name of Greenfield-Central School Attending: _____
Current grade in school _____

School Activities (include any offices held): _____

Community Activities: _____

Has your family hosted a visiting Japanese student? _____

Have you participated in the Sister Cities 5K Run/Walk? _____

Would your family be willing to be a host family for a Kakuda student in August, 2018?

Please write a one-page essay: "Why I would like to visit our Sister City, Kakuda, Japan."
Attach your essay to this application.

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(Please print or type)

Names of two current teacher references you have in school this year:

1) _____ School _____

2) _____ School _____

The selection committee will contact your references for further information regarding your application to travel with the Sister Cities of Greenfield exchange program.

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

Do you have any medical issues about which our chaperones should be aware?

No Yes (please list) _____

Are you currently taking any medications?

No Yes (please list) _____

Please note: Some 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 chaperones 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

Student 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 April and May. I will be responsible for my attendance at all classes, being allowed only one excused absence. More than one absence may eliminate my opportunity to travel to Japan. I understand that there may be assignments given to me for completion during our trip. I understand I will be expected to conduct myself with the highest standards and to reflect with honor the people I have been chosen to represent. 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 may involve public speaking and other presentation skills.

Signature: _____

Date: _____

Parent Permission and Signature

I certify that I have read the above application. I understand the responsibilities my child will undertake by becoming a representative for Greenfield in a foreign country. I understand that I will be responsible for all travel costs incurred by Sister Cities of Greenfield if my child is sent home due to disciplinary or legal issues while in Japan. I have discussed these responsibilities with my child, and my child understands these responsibilities. I understand that this opportunity is limited to students enrolled at Greenfield-Central High School or Greenfield-Central Junior High and that my son or daughter is obligated to attend school there next year or I may be held responsible for the sponsored portion of the trip. (up to \$3,000) I hereby give my consent to the Sister Cities of Greenfield, Inc. for my child to participate in the youth exchange program.

Signature: _____

Date: _____

I hereby grant permission to the Sister Cities of Greenfield to use my photograph on its webpage 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 our Kakuda partners for reasons related to hosting and participation in the program.

Signature of Student Traveler: _____ Date _____

Signature of Parent/Guardian: _____ Date _____