



## STUDENT APPLICATION FOR ENROLLMENT

Trip Name: \_\_\_\_\_ Trip start date: \_\_\_\_\_

STUDENT'S Full Name **exactly** as it appears on passport:

\_\_\_\_\_  
FIRST MIDDLE LAST  
Preferred nickname: \_\_\_\_\_ Male / Female Age: \_\_\_\_\_  
At time of departure

Mailing address:  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_ T-shirt size: XS S M L  
(Regular adult sizes)

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_  
City State

How did you hear about Gogi Abroad?: \_\_\_\_\_

**PASSPORT: (Please email a copy of the photo page of your passport to [liz@gogiabroad.com](mailto:liz@gogiabroad.com))**

Passport #: \_\_\_\_\_ Place of issue: \_\_\_\_\_

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Place of birth: \_\_\_\_\_  
month day year City, State Country

Issue Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
month day year month day year

### **Please check one:**

\_\_\_ My child's passport is valid at least **6 months** past his/her return date back home. You must carry a valid passport and have obtained all of the appropriate visas, permits and certificates for the countries in which you will visit during your trip. Your passport must be valid for six months beyond the duration of the trip. Gogi Abroad is not responsible if you are refused entry to a country because you lack the correct passport, visa or other travel documentation.

\_\_\_ I am renewing my child's passport and will provide all the requested passport information as soon as I receive it. I understand that my trip arrangements cannot be finalized until all of my valid passport information is received by Gogi Abroad.

### **HOMESTAYS:**

In many foreign countries it is common for people to smoke. Please check what you prefer.

- I am okay with my child staying with a host family that smokes.
- I am okay with my child staying with a host family that smokes BUT only outside of the house.
- I do NOT want my child to stay with a host family that smokes.

**DEPOSITS:** By submitting your deposit, you agree to be bound by the Terms and Conditions outlined herein that govern the relationship between the “operator”, Gogi Abroad, and you, the participant and/or the legal guardian of the participant.

- A non-refundable deposit of \$500 per person is due with the application to save your space. Deposits are accepted via paypal on our website [www.gogiabroad.com](http://www.gogiabroad.com) or you can mail us a check.

**FINAL PAYMENT:**

- 50% of the remaining balance is due 10 days after acceptance of your application however, we prefer full payment at this time if possible.
- All remaining balances are due 30 days prior to departure.
- Airfare will be billed separately and will be due immediately. Airfare is subject to change until ticketed and tickets cannot be issued until payment is received.
- Deposits made on all Peru Inca Trail Treks (2018 bookings onward) are non-refundable and non-transferable after January 1 each year due to the requirement to purchase non-refundable and non-transferable Inca Trail Permits on your behalf to secure your spot on the trip.

**Deposits are accepted via paypal on our website [www.gogiabroad.com](http://www.gogiabroad.com). Final payments are accepted by check payable to Gogi Abroad and mailed to: Gogi Abroad, P.O. Box 42, Putney, VT 05346**

**AIRFARE:** Airfare from/to home is not included in the trip cost. Airfare will be billed separately and will be due immediately. Airfare is subject to change until ticketed and tickets cannot be issued until payment is received.

**CANCELLATIONS:**

All cancellations must be made in writing (via email) and be acknowledged by Gogi Abroad in writing (via email). If you do not purchase the Cancellation Insurance, you will be subject to our standard cancellation policy detailed below. Trip cancellation date is determined by the date we receive or confirm by written notice (email or fax) the request for cancellation of the participant’s program(s). Verbal notice alone does not serve as a valid cancellation notification.

- Cancellation by you more than 80 days prior to participant’s first scheduled departure date – you will receive a 50% refund on your total trip cost.
- Cancellation by you between 79 and 45 days prior to participant’s first scheduled departure date – you will receive a 20% refund on your total trip cost.
- Cancellation by you less than 45 days prior to participant’s first scheduled departure date – you will receive no refund.

*If possible you may be able to transfer your spot to another participant if it is determined by Gogi Abroad that the other person is in the proper physical condition to participate in the trip activity and meets the requirements of the application process and assumes responsibility for any outstanding balance payments. This will be considered on a case-by-case basis.*

**INTERNATIONAL TRAVEL INSURANCE** is required and details will be provided to confirmed participants.

## **RESPONSIBILITY AND RELEASE STATEMENT**

I am the parent/guardian of the above named student participant (hereinafter "Participant"), who is under eighteen years of age, and I am fully competent and legally authorized to sign this and all other forms contained herein. I give permission for the above named student participant to participate in the above-referenced program. I acknowledge that the nature of the program may expose Participant to hazards or risks that may result in participant's illness, personal injury or death and I understand and appreciate the nature of such hazards and risks and I accept all such risks.

By signing this statement, it is my intent that Gogi Abroad, its officers, employees and representatives not be liable to Participant, Participant's personal representatives, estate, heirs, next of kin for any and all claims and causes of action for loss of or damage to Participant's property and for any and all illness or injury to participant's person, including his/her death, that may result from or occur during Participant's participation in the program, whether caused by negligence of the Gogi Abroad, its officers, employees, representatives, or otherwise. I further agree to indemnify and hold harmless Gogi Abroad, its officers, employees, and representatives from liability for the injury or death of any person(s) and damage to property that may result from Participant's negligent or intentional act or omission while participating in the described program. I hereby agree that if Participant's behavior during the program is such that he/she may cause harm to themselves or other participants, or is consistently impeding the enjoyment of the program for others, participant will be removed from the trip, at the sole discretion of the Gogi Abroad staff in charge of the program, and sent home at the participant's sole expense and no refund will be due for any unused portion of the trip. I understand that Gogi Abroad assumes no liability for failure to provide the services outlined in the trip itinerary in the event that such services and accommodations cannot be supplied due to delays or other causes beyond the control of Gogi Abroad, which include but are not limited to sickness, epidemics, pandemics, weather, strike, war, civil disturbances, acts or threats of terrorism, travel warnings or bans, termination or suspension of war risks or other carrier insurance, quarantine, and acts of nature. I understand that Gogi Abroad reserves the right to cancel this trip prior to departure due to any of the aforesaid causes beyond our control, in which case I/Participant will receive a refund of as much advance tour payments paid by the Gogi participant as Gogi Abroad is able to recover on the passenger's behalf, but Gogi Abroad shall not have any obligation or liability to the Gogi participant beyond that recovery, if any.

By signing this Statement, I confirm that Participant does not have any physical or mental issues that will prevent them from participating fully in the program described throughout and agrees to adhere to all rules and expectations outlined.

**I HAVE CAREFULLY READ ALL DOCUMENTS IN THIS AGREEMENT AND I UNDERSTAND THEM TO BE A RELEASE OF ALL CLAIMS AND CAUSES OF ACTION FOR PARTICIPANT'S INJURY OR DEATH OR DAMAGE TO PARTICIPANT'S PROPERTY THAT OCCURS WHILE PARTICIPATING IN THE DESCRIBED ACTIVITY OR TRIP AND IT OBLIGATES ME TO INDEMNIFY THE PARTIES NAMED FOR ANY LIABILITY FOR INJURY OR DEATH OF ANY PERSON AND DAMAGE TO PROPERTY CAUSED BY PARTICIPANT'S NEGLIGENT OR INTENTIONAL ACT OR OMISSION.**

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/guardian printed name: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and understand all of rules and expectations of the trip and agree to adhere to them:**

Participant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant's printed name: \_\_\_\_\_ Date: \_\_\_\_\_

### HEALTH and MEDICAL INFORMATION

**Trip Name:** \_\_\_\_\_ **Trip start date:** \_\_\_\_\_

**Student Participant Name:** \_\_\_\_\_

1) Does your child have any psychological or emotional limitations that could affect his/her behavior or the well-being of him/herself or others, during this trip? (For example: homesickness, anxiety, eating disorders, substance abuse, mental or behavior issues, etc.)  **Yes**  **No**

• **Has your child been hospitalized for any such issues?**  **Yes**  **No**

**If yes**, please provide specific details (attach a separate sheet if necessary):

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2) Does your child have any injuries or permanent physical limitations that could limit his/her participation in any trip activities? For example: recent bone or muscle injury, menstrual complications, nightmares, sleep issues.  **Yes**  **No**

• **Has your child been hospitalized for any such issues?**  **Yes**  **No**

**If yes**, please provide specific details (attach a separate sheet if necessary):

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3) **PLEASE LIST ANY ALLERGIES your child has and the reaction that occurs with exposure:**  
(Attach a separate sheet if necessary.)

Foods: \_\_\_\_\_

Medication: \_\_\_\_\_

Insect/bee stings: \_\_\_\_\_

Animals: \_\_\_\_\_

Environmental: \_\_\_\_\_

Animals: \_\_\_\_\_

Others: \_\_\_\_\_

**Please explain allergy reactions with exposure and treatment:**

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**Does your child carry an EpiPen? \_\_\_\_\_ Yes \_\_\_\_\_ No**  
**If yes, please be sure to provide 2 EpiPens for the medical kits.**

4) Does your child have any special dietary needs or restrictions\*? \_\_\_\_\_ Yes \_\_\_\_\_ No  
**If yes**, please provide specific details (attach a separate sheet if necessary):

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*\*Please note that while every effort will be made to accommodate dietary needs and preferences, this cannot be guaranteed in every location. Please be sure to advise the specific details behind an urgent need for certain dietary requirements vs. non-urgent preferences.*

5) Does your child have any of the following:

- Vision problems
- Hearing problems
- Asthma or other respiratory problems
- Anemia
- Bleeding/Clotting prob
- Bladder/kidney problems
- Immune System problems
- Heart problems
- Back problems
- Other: \_\_\_\_\_

**If yes**, please provide specific details, including current or past treatments (attach a separate sheet if necessary):

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6) Please list all medications, vitamins or supplements that your child takes regularly, including the dosage amount, schedule and what they take it for\*. Please indicate any possible side effects that may occur.

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***\*If the Gogi leader will need to administer any medications, you must provide specific written instructions to accompany the medication which should be sent in its original prescription packaging. All medications sent with your child will be sent back home with them at the conclusion of the trip.***

7) Please tell us anything additional about your child that you feel would help us to be sure they have the best experience possible. It is our goal to be sure that each and every student gets the most that they can out of this experience so, anything and everything should be considered. (Attach a separate sheet if necessary.):

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8) What Is Your Child's Favorite and Least Favorite Food(s)?

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**MEDICAL TREATMENT AUTHORIZATION FORM**

**Trip Name:** \_\_\_\_\_ **Trip dates:** \_\_\_\_\_

This form grants temporary authority to a designated an adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them.

**Minor Full Legal Name:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: Female / Male

Students physician's Name and Location of Practice: \_\_\_\_\_

Physician's Phone # (if known): (\_\_\_\_) \_\_\_\_\_

Medical Insurer/Health Plan: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Allergies to Medications:** \_\_\_\_\_

**Allergies (Other):** \_\_\_\_\_

Please note all conditions for which the child is currently receiving treatment:

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Note any other significant medical information:

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**AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)** I hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for a Designated Adult to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon

any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

Parent / Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Legal Guardian Printed Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Printed Name: \_\_\_\_\_



### **PARENT CONTACTS & EMERGENCY CONTACTS**

Trip Name: \_\_\_\_\_ Trip start date: \_\_\_\_\_

**Student Name:**

\_\_\_\_\_

#### **PARENT / GUARDIAN CONTACT #1**

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Does the student live here? YES / NO

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Skype: \_\_\_\_\_

Employer (optional): \_\_\_\_\_ Occupation/ Position: \_\_\_\_\_

#### **PARENT / GUARDIAN CONTACT #2**

Full Name: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Does the student live here? YES / NO

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Skype: \_\_\_\_\_

Employer (optional): \_\_\_\_\_ Occupation/ Position: \_\_\_\_\_

**EMERGENCY CONTACTS:**

In the unlikely event of an emergency, who should we contact with information about your child? Please list three contacts (including parents/guardians).

Name	Relationship to child	Home & cell #
1. _____		
2. _____		
3. _____		