

**Jinan-Sacramento Sister Cities "Youth Ambassador" Trip to China
(Every Summer, Beijing - Jinan - Qufu)**

Deadline to Apply:

INDIVIDUAL APPLICATION

Please type or print clearly. Include your name exactly as it appears on your passport.

NAME _____ PHONE (day) _____ (evening) _____
ADDRESS _____ CITY _____ STATE _____
BIRTHPLACE AND DATE _____ GENDER ___ CITIZEN OF _____
PASSPORT# _____ DATE AND PLACE ISSUED _____ VALID TILL _____
SCHOOL NAME (for students/teachers only) _____
EMAIL: _____ HOW DID YOU HEAR ABOUT THIS TRIP? _____

INTERESTS: CHINESE LANGUAGE, CULTURE, HISTORY, MUSIC, MARTIAL ARTS, CALIGRAPHY

VERY INTERESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOMEWHAT INTERESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NOT INTERESTED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TALENTS/HONORS (for students only): Provide detailed descriptions as follows:

SINGING, LEVEL _____ AWARDS _____
 DANCING, LEVEL _____ AWARDS _____
 PAINTING, LEVEL _____ AWARDS _____
 MUSICAL INSTRUMENTS, SPECIFY _____ LEVEL & AWARDS _____
 THEATER ARTS, LEVEL _____ AWARDS _____
 SPORTS, SPECIFY _____ LEVEL & AWARDS _____
 OTHER TALENTS & HONORS _____

OCCUPATION (previous, if retired) _____ RACE/ETHNICITY _____

PREFER SINGLE ROOM? _____ APPLY FOR SCHOLARSHIP ? _____ PARENT ? _____ Teacher ? _____

SPECIAL NEEDS THAT YOU WANT ACCOMODATED? _____

HEALTH CONCERNS _____ OTHER REQUEST/CONCERNS _____

IN CASE OF EMERGENCY, CONTACT: NAME _____ RELATIONSHIP _____

PHONE (day) _____ PHONE (evening) _____ EMAIL _____

ADDRESS _____

HEALTH WAIVER:

I, _____, THE UNDERSIGNED, HEREBY EXPRESSLY WAIVE AND DISCHARGE ANY AND ALL CLAIMS, CAUSES OF ACTION, OR DEMANDS AGAINST JSSCC DUE OR CAUSED BY THE STATUS OF MY HEALTH AND/OR HEALTH CONDITION WHICH I MAY HAVE OR WHICH OCCURS DURING THE COURSE OF MY PARTICIPATION IN A JSSCC TOUR.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF MINOR) _____ DATE _____

LIABILITY WAIVER:

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, RELEASE THE JINAN-SACRAMENTO SISTER CITIES CORPORATION (JSSCC) FROM LIABILITY IN ANY FORM RELATED TO THE JSSCC ORGANIZED TRIP TO CHINA _____ IN THE EVENT OF ACCIDENT, NATURAL DISASTER, PHYSICAL ILLNESS, ETC., THE SIGNING OF THIS DOCUMENT RELIEVES JSSCC AND ITS BOARD MEMBERS OF ANY LIABILITY RESULTING FROM PARTICIPATION IN THIS EVENT. I DO AGREE TO INDEMNIFY AND HOLD HARMLESS JSSCC FROM ANY AND ALL LIABILITIES INCIDENT TO MY INVOLVEMENT AND/OR PARTICIPATION IN THIS PROGRAM AS PROVIDED, TO THE FULLEST EXTENT OF THE LAW.

SIGNATURE OF APPLICANT _____ DATE _____

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF MINOR) _____ DATE _____

PARENT/LEGAL GUARDIAN PERMISSION (FOR STUDENTS ONLY):

I GIVE PERMISSION TO MY SON/DAUGHTER TO PARTICIPATE IN THE TRIP TO CHINA ORGANIZED BY JSSCC AND ALL PROGRAMS RELATED TO THE TRIP.

SIGNATURE OF PARENT/LEGAL GUARDIAN (IF MINOR) _____ DATE _____