

Bath-Tsugaru Sister City Exchange Program
勇氣と愛は海を超える
Sending a message of Courage and Love across the Seas



2016 Bath-Tsugaru Exchange Program: Participant Application

Name: _____

Age as of July 1, 2016: _____

Current school and grade level or employer and occupation:

Mailing address: _____

Email address: _____ Cell phone: _____

Tell us about yourself in 25 words or less.

What are five words your parent/guardian, spouse/partner or co-worker would use to describe you?
Please circle which person, listed above, has described you.

What are five words your best friend would use to describe you?

List the places (U.S. states other than Maine and countries other than the U.S.) you have visited.

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Have you ever travelled by airline? _____ by train? _____

Share three reasons why you wish to go to Japan.

1. _____
2. _____
3. _____

Describe two ways you will prepare for a successful and meaningful trip to Tsugaru.

1. _____
2. _____

What do you hope to gain from your experience in Tsugaru?

If given the opportunity to visit Tokyo, what are the top three sights you would like to see?

1. _____
2. _____
3. _____

Application Deadline: Friday, April 1, 2016

Please return this application to the Program Coordinator in one of the following ways:

I. Scan & email completed application as a pdf file: tsugaru@rsu1.org

II. Mail completed application to the following address:

Jen Jones, Coordinator
Traveler Application
Bath-Tsugaru Exchange Program
PO Box 271
Bath, ME 04530-0271

2016 Bath-Tsugaru Exchange Program: Student Permission Form

Student's Name: _____

Dear Parent:

Please read the following information regarding this year's trip to Tsugaru City, Japan. If you agree with these conditions, please sign on the line indicated.

My child has my permission to travel to Tsugaru City, Japan, this summer.

I understand that the trip will cost around \$2,500 which includes \$100 towards Coordinator travel, and that I am responsible for my child's expenses.

I understand that I am responsible for the ticket price and trip expenses should I have to cancel and no refund is available. I understand that I may purchase cancellation insurance for that risk and that will be my own choice.

I understand that I will have to make a \$100 deposit, payable to **The Cheseborough Fund** (non-refundable) by April 1, 2016 and that the airfare must be paid in full at least 30 days prior to travel.

I understand that my child will sign a pledge for appropriate conduct and that I am responsible for damages that he/she may cause.

I understand that this trip is a voluntary, private undertaking and is not sponsored by RSU1, the Bath School Department, the City of Bath or their agents or employees.

I have adequate health insurance that would cover any accidental or illness-related medical care for my child during the trip, including insurance that would be available in Japan, and traveler's health insurance that would pay for his/her return to the United States by special transportation, if necessary.

I understand that there may be a charge for cancellation within 10 days of departure.

Parent's Signature

Date

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2016 Bath-Tsugaru Exchange Program: Adult Chaperone Form

Your Name: _____

Please read the following information regarding this year's trip to Tsugaru City, Japan. If you are in agreement with these conditions, please sign on the line indicated.

- 1) I understand that this trip will cost around \$2,500, which includes \$100 towards Coordinator travel fees. I am responsible for these expenses and my own expenses.
- 2) I understand that I will have to make a \$100 deposit, payable to **The Cheseborough Program** (non-refundable) by April 1, 2016 and that the ticket price must be paid in full at least 30 days prior to travel.
- 3) I understand that I am responsible for the ticket price and trip expenses should I have to cancel and no refund is available. I understand that I may purchase cancellation insurance for that risk and that will be my own choice.
- 4) I understand that this trip is a voluntary, private undertaking and is not sponsored by RSU1, the Bath School Department, the City of Bath, or any of their agents or employees.
- 5) I understand that, as a chaperone, I must be available to students for guidance, health and personal concerns, and discipline. These responsibilities include being an enthusiastic role model, providing first aid if the situation presents itself, and keeping participants accountable and on schedule.
- 6) I understand that I may have to limit some of my activities to insure that I am available at all times to carry out these duties and responsibilities, such as limiting other travel plans, the consumption of alcohol, and other diversions.
- 7) I have adequate health insurance that would cover any accidental or illness-related medical care during the trip, including insurance that would be available in Japan, and traveler's health insurance that would pay for my return to the United States by special transportation, if necessary.
- 8) I understand that there may be a charge for cancellation within 10 days of departure.

Signature/Date

_____ I am **not** interested in taking part in fundraising activities and will pay the entire expense of my trip on my own.

2016 Bath-Tsugaru Exchange Program: Rules & Expectations

I understand that the purpose of this trip is to provide me with an opportunity to learn and experience Japanese culture in our sister city, Tsugaru, in Aomori Prefecture, our sister state. While traveling with the Bath-Tsugaru Exchange Program, I understand that I am a representative of the Bath community, the state of Maine, and the United States. In order to maintain a safe and enjoyable environment for myself and others while traveling abroad, **I agree to the following:**

- a. I will follow all rules, including the Dress Policy when we are in public.
- b. I will respect and cooperate with the requests and instructions of our Coordinator, Jen Jones, and all chaperones, as well as supervising adults in Japan.
- c. I will NEVER go anywhere alone. I will always travel in a group of *at least three people* at all times, and will notify the chaperones of my group and our destination.
- d. I will follow all rules and regulations outlined at the hotels and by my host family in Tsugaru. I will respect the property of the hotels and my host family, as well as the other guests/family members and their property, and will not disturb them in any way.
- e. I will obey the times for curfew and lights out.
- f. I will not have members of the opposite sex in my room without a chaperone or an adult being present at the hotels or at my host family's home, and will not engage in sexual activity of any kind.
- g. I will not smoke or consume tobacco products.
- h. I will not drink or be in possession of any alcoholic beverages.
- i. I will not have possession of any illegal substances, drugs, or drug paraphernalia. I understand that drug laws in other countries differ from ours, and violations may be punished more severely.
- j. I will obey all Japanese laws and regulations, and will avoid any conduct or activity which would cause harm to myself or to others.

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If I violate any of these rules or am found participating in such activities, I understand that my family in Maine will be contacted, and my participation in daily activities in Japan may be restricted.

I, _____, understand that I am an ambassador for the Cheseborough Program, the City of Bath and the State of Maine. I am expected to behave in a polite and respectful manner towards all participants and contacts during the course of this trip. My actions reflect not only upon myself, but on my family, my community, and my fellow Americans. In order to ensure an enjoyable and successful trip for all, I agree to the above terms and conditions, and promise to behave responsibly, validating the trust that my parents/guardians have given me in allowing me this opportunity.

Student signature/date

Student name (printed)

I have read and understand the above expectations and agree that my son/daughter will abide by these rules and will respect the requests and decisions of the chaperones, encouraging a safe and pleasant trip for all.

Parent signature/date

Parent name (printed)

2016 Bath-Tsugaru Exchange Program: Dress Policy

Our dress policy establishes guidelines for appropriate attire that shows respect for the Bath-Tsugaru Sister City Exchange Program, our Japanese hosts, program participants, community members, and the sites we visit. We integrate the core values of the program into our student exchange trips and activities and ask that all participants abide by the following guidelines.

We expect participants to be well-groomed and appropriately dressed at all times. Dress that is disruptive or distracting in appearance reflects poorly upon the exchange program and will not be permitted.

Inappropriate clothing includes:

- Clothing that allows underwear or undergarments to be seen;
- Provocative or suggestive clothing;
- Shorts and skirts that do not fall below the fingertips when the wearer stands with arms by his/her sides
- Clothing advertising alcoholic beverages, cigarettes, or illegal substances;
- Clothing with slogans, phrases, pictures, symbols, or facsimiles that may be perceived as offensive, or relate directly or indirectly to violence or sexual behavior;
- Cut off, ripped, or torn clothing and socks; and
- Clothing that might offend or insult our Japanese hosts.

Bath-Tsugaru Sister City Program staff and exchange chaperones reserve the right to determine the appropriateness of clothing or wear not specifically mentioned above. Any participant not in compliance will be required to change into clothing deemed appropriate.

I have read the above and agree to comply.

Participant signature/date: _____



**2016 Bath-Tsugaru Exchange Program:
Waiver of Liability and Indemnification Agreement**

I do for myself, and my child, and for our heirs, legal representatives, successors and assigns, hereby waive any and all claims which I and any of them may have against the Cheseborough Program, RSU1 and the City of Bath, and their respective officers, members of the Boards of Directors, City Councilors and other Committees, members, employees and agents (the "Waiver Designees") arising out of my participation, and/or the participation of my child, in the 2016 Student Exchange Trip with Tsugaru City, Japan and its related activities. I also agree hereby to indemnify the Waiver Designees, against any claim brought against them and arising out of my or my child's participation in this Student Exchange Trip and its related activities, together with any costs, including reasonable attorneys' fees, that may be incurred as a result of any such claim, whether the claim be valid or not. I grant the Bath-Tsugaru Sister City Exchange Program (the Cheseborough Program) or its agents the unconditional and perpetual right to publish and broadcast anywhere in the world for any purpose and in any media the names and images of me or my child prior to, during and after the Student Exchange Trip.

I certify that the information which I have entered in this application is true, accurate and complete.

Sign and CLEARLY PRINT or TYPE your Name/Date

Sign and CLEARLY PRINT or TYPE your Child's Name/Date



2016 Bath-Tsugaru Exchange Program: Medical History Forms - Pg. 1 (Students and Adult Chaperones)

Please answer the following as completely as possible. **All information is strictly confidential.**

Name _____ Email _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Work phone _____ Cell phone _____

Date of birth _____ Marital status _____ Number of children _____

Spouse's or parent's name _____

Emergency contact:

Name _____ Phone number: _____

Email address(es) _____

Primary care physician:

Physician name _____ Phone number: _____

Address _____

Date of last physical exam: _____

Have you been treated for any medical conditions in the past five years? yes _____ no _____

If yes, please list _____

Ever had surgery? yes ___ no ___ If yes, please list _____

Please list any allergies to drugs, food, etc., and type of reaction you have (i.e., hives, rash, anaphylaxis):

Do you smoke? yes ___ no ___ If yes, number of packs per day?: ___ How many years?: _____

List any medications or supplements, with dosage, frequency, and reason(s) for taking them:

2016 Bath-Tsugaru Exchange Program: Medical History Forms - Pg. 2

What are your most important health concerns at this time? _____

Please check any of the following conditions that you have now, or have had in the past:

Allergies		Fatigue		Polio	
Asthma		Frequent Urination		Prostate trouble	
Anemia		Headache		Sciatica	
Arthritis		Hemorrhoids		Shortness of Breath	
Arthrosclerosis		High Blood Pressure		Sinus Infections	
Back Pain		Hot Flashes		Sleep Problems	
Bruising		Irregular Heartbeat		Scoliosis	
Cancer		Kidney Infection		Stroke	
Chest Pain		Kidney Stones		Swelling of Ankles	
Cold hands/feet		Low Blood Pressure		Thyroid Problem	
Depression		Loss of Smell		Tuberculosis	
Diabetes		Loss of Taste		Ulcers	
Digestion Problems		Lumps in the Breast		Varicose Veins	
Dizziness		Neck Pain		Vision Problems	
Dementia		Nervousness		Venereal Disease	
Ringling in the Ears		Nosebleeds		Balance Problems	
Eye Pain		Pacemaker		Multiple Sclerosis	
Other:		Other:		Other:	



2016 Bath-Tsugaru Exchange Program: Medical History Forms - Pg. 3

**2016 Bath-Tsugaru Exchange Program:
Medical/Emergency Release Form**

I, _____, the undersigned parent/guardian of

_____, do appoint for the duration of the trip to Japan, the
travel chaperones to provide for emergency medical decisions and/or treatment as needed.

Parent/Guardian signature _____

Daytime Phone: _____

Evening Phone: _____

2016 Bath-Tsugaru Exchange Program: Medical History Forms - Pg. 4

Please note that when traveling, all prescription medications must be in original containers, with intact prescription labels showing the date, physician's name and prescribed amount. Place all medications in a moisture-proof bag and store them in your carry-on luggage. It is best to bring extra medication with you, as the process to 'refill' a prescription could be very time-consuming and difficult to arrange.

Additionally, it is advised to bring over-the-counter medicines (ie. Ibuprofen, Midol, Roloids, Sudafed, Benadryl, etc.) as the potency and dosages are different in Japan. If you are feeling unwell, it will be most convenient for you to treat your symptoms with medications that you are familiar with and find effective.

Signature: _____ **Date:** _____

If a minor:

Parent or guardian signature: _____ **Date:** _____

Put **all four** Medical History Forms in a **sealed envelope with your name on it** and return it to:

Jen Jones, Coordinator
Medical History Forms
Bath-Tsugaru Exchange Program
PO Box 271
Bath, ME 04530-0271

2016 Bath-Tsugaru Exchange: Teacher Recommendation Form

Dear Educator:

_____ hopes to travel to Tsugaru, Japan in July/August as a participant in the Bath-Tsugaru Sister City Exchange Program. Each summer, we take a group of up to 15 students and adult chaperones from the Bath-Brunswick area to Tsugaru city, in northern Japan, for 10-11 days. This will be an unforgettable educational experience, and a unique, exciting opportunity to be immersed in Japanese culture. Please go to www.bath-tsugaru.org to learn more about our program.

Flexibility and resilience are key traits for a successful and enjoyable experience. This trip involves a very long airplane flight and 10 very busy days of touring. All participants live with a host family and take daily excursions to cities and villages as a group. The daily itinerary is quite intense, with 10+ hours a day spent touring, exploring, and learning more about Japan. Please note that the Japanese summers are *very* hot and humid and A/C is rare. We are looking for travelers who are open-minded, appreciate diversity, are interested in cross-cultural communication, and have the necessary maturity and personal responsibility to handle the experience. To help us determine the preparedness of this student, please complete the following short answer questions. Thanks!

In what capacity do you know this student? _____

How long have you known this student? _____

- 1) What qualities does this student possess that make him/her a good candidate for this trip?

- 2) Are there any aspects of this student's personality that could make the trip difficult or challenging for himself/herself and/or other participants?

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3) Would you recommend this student? Why or why not?

Your signature _____ Date _____

Please provide us with the following contact information in case we need to contact you for further information about this student:

Email: _____ Phone: _____

Employer: _____

Thank you so much for your time!

Please return this recommendation to the Program Coordinator in one of the following ways:

I. Scan & email completed recommendation as a pdf file: tsugaru@rsu1.org

II. Mail completed recommendation to the following address:

Jen Jones, Coordinator
Teacher Recommendation
Bath-Tsugaru Exchange Program
PO Box 271
Bath, ME 04530-0271