STUDENT PARTICIPANT AGREEMENT (CONTINUED)

10. I acknowledge that I will read and understand all the materials given to me by BYU, including the U.S. Centers for Disease Control (CDC) guidelines, regarding immunization for foreign travel in the countries to be visited during tour. I certify that I will do one of the following:
   a. I will secure all CDC-recommended and/or required immunizations for my itinerary.
   b. I will not do so for personal reasons, for which I accept full responsibility. I do so voluntarily and at my own risk, with the clear understanding that my decision not to follow the CDC recommendations may have serious health consequences.

11. For international tours, I agree to be registered in the required cultural preparation class for that tour. This class is for one credit hour and is typically held the semester or block before the tour. If I have problems with taking this class (too many credit hours, time conflicts, etc.) I understand that it is my responsibility to work these problems out with the registrar at the International Study Programs Office, 204 HRCB.

12. For international tours, I understand I will be enrolled in an international health insurance plan (such as GeoBlue) while out of the country, and that my student account will be charged for this coverage.

13. I agree to submit touring documents and forms to Performing Arts Management according to deadlines established and understand late fees will be charged.

14. For International Students Only: I agree to acquire the necessary documentation to reenter the USA at the tour’s conclusion. I understand I should contact BYU International Services (1351 WSC) four months prior to tour departure to complete the necessary documents. I confirm my student visa is current through the end of the tour.

I give BYU permission to use my Student Information for publicity purposes. I have also completed the Health Evaluation and declare that all such statements and answers are correctly recorded and true as given. Further, I agree to all items outlined in the Participant Agreement.

Student’s Signature: ___________________________ Date: ____________

Parent or Guardian’s Signature: ___________________________ Date: ____________

required for participants under 18 years of age

EMERGENCY CONTACT INFORMATION

Name: ___________________________ Relationship: ____________

Daytime Phone: (____) Evening Phone: (____)

Email: ___________________________

(Please also complete reverse side of this form →)
STUDENT INFORMATION
Please write legibly.

Name: ___________________________ Performing Ensemble: ___________________________
full legal name: last  first  middle (full name as shown in government issued photo ID used for air travel)

Local Address: ___________________________ 
street  city  state  zip code

Home Address: ___________________________ 
street  city  state  zip code

Student ID #: ___________________________ BYU Net ID: ___________________________

Email: ___________________________ Cell Phone: (____) __________

Position in Ensemble: ___________________________

Date of Birth: ______/____/____  Age: ______  □ Male  □ Female  Class: □ Fr □ So □ Jr □ Sr □ Graduate

Major: ___________________________ □ Single  □ Married-Spouse Name: ___________________________

Previous BYU Tours: ___________________________

Parent’s Names and Addresses: ___________________________

□ Same as Home Address ___________________________

Parent’s Phone: (____) __________

Current Ward Bishop: ___________________________ Phone: (____) __________

High School: ___________________________ City: ___________________________ State: ______

Graduated HS: ______/____/____

LDS Mission (where, when): ___________________________

Foreign Language(s): ___________________________ □ Fluent?  □ Yes  □ No

(Please also complete reverse side of this form)

HEALTH EVALUATION

1. Name: ___________________________ Performing Ensemble: ___________________________

2. Have you had any of the following ailments? Check if yes and give details below (under item 5).
   □ Surgical Operations  □ Ulcers
   □ Serious Accident  □ Internal Injuries
   □ Hospitalization  □ Injury, Either Eye
   □ Tuberculosis  □ Back Injury
   □ Pneumonia, Pleurisy, Bronchitis  □ Dizziness, Fainting Spells
   □ Frequent Colds, Sinusitis  □ Goiter
   □ Diabetes  □ Allergies
   □ Kidney Stone or Colic  □ Asthma, Shortness of Breath
   □ Dropy, Bladder, Kidney Disease  □ Congenital Abnormalities
   □ Nervous Disorder  □ Skin Disease of any Kind
   □ Epileptic Seizure, Convulsion, Paralysis  □ Veneral Disease
   □ Jaundice, Gall Stones, Disease of Liver  □ Arthritis
   □ Malaria, Typhoid Fevers  □ Neurosis, Neuralgia, Sciatica
   □ Cancer, Tumors  □ Gout, Rheumatism
   □ Nervous Fever  □ Gastritis
   □ Rheumatic Fever  □ Appendicitis, Diseased Bowel
   □ Anemia  □ Heart Disease
   □ Jaundice, Gall Stones, Disease of Liver  □ Veneral Disease
   □ Malaria, Typhoid Fevers  □ Arthritis
   □ Cancer, Tumors  □ Neurosis, Neuralgia, Sciatica
   □ Nervous Fever  □ Gastritis
   □ Rheumatic Fever  □ Appendicitis, Diseased Bowel
   □ Anemia  □ Heart Disease

3. Are you taking medication and/or herbs of any type? □ Yes  □ No

4. Will you be taking medication(s) on tour? □ Yes  □ No
   For what reason: ___________________________

5. Have you been a patient in a mental hospital or treated by a psychiatrist? □ Yes  □ No
   If you answered yes to question 2, 3, 4 or 5, list the details of each:
   Ailment/Medication  Date  Duration  Details  Physician’s Name and Address

6. Do you have any physical or mental condition which would restrict your ability to be part of this performing tour? □ Yes  □ No
   If so, give name(s) and particulars: ___________________________

7. Do you have any chronic ailment, disease or other condition, now existing, which may lead to hospitalization or operation or other medical attention while on tour? □ Yes  □ No
   If so, explain: ___________________________

8. What is the name of your health insurance company? ___________________________
   What is your policy number? ___________________________

9. Do you have a personal physician? □ Yes  □ No
   Name and address: ___________________________

10. Number of times you’ve consulted your doctor in the last year: ___________________________

11. Do you have any ailment, health problem, or dietary needs not reported above? □ Yes  □ No
   Please explain: ___________________________