



CIAO!

APPLICATION FORM

SCHOOL YEAR AS OF
SEPTEMBER, 2016

JUNIOR

SENIOR

PG

STUDENT NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIPCODE

HOME PHONE

CELL PHONE

BIRTHDATE
(mm/dd/yyyy)

EMAIL ADDRESS

SKYPE ADDRESS

PASSPORT INFO

NUMBER

DATE ISSUED

EXPIRATION DATE

NATIONALITY

PARENT/GUARDIAN
NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIPCODE

PHONE

HOME

OFFICE

CELL

EMAIL ADDRESS

SKYPE ADDRESS

PARENT/GUARDIAN
NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIPCODE

PHONE

HOME

OFFICE

CELL

EMAIL ADDRESS

SKYPE ADDRESS

EMERGENCY CONTACT
NAME

LAST

FIRST

RELATIONSHIP TO STUDENT

PHONE

HOME

OFFICE

CELL

EMAIL ADDRESS

SKYPE ADDRESS

CHECK LIST + CONSENT SIGNING

- | | | | |
|--------------------------|--|--------------------------|---|
| <input type="checkbox"/> | NON-REFUNDABLE APPLICATION FEE OF \$150 | <input type="checkbox"/> | PROGRAM PAYMENT OF \$5250 (\$5000 if received by April 15) |
| <input type="checkbox"/> | METHOD OF PAYMENT | <input type="checkbox"/> | CHECK |
| | | <input type="checkbox"/> | PayPal |
| <input type="checkbox"/> | | <input type="checkbox"/> | |
| <input type="checkbox"/> | (2) PHOTOCOPIES OF PASSPORT | <input type="checkbox"/> | (2) PASSPORT PHOTOS (1 attached on page 1) |
| <input type="checkbox"/> | CURRENT PHYSICAL SIGNED AND DATED BY PHYSICIAN | <input type="checkbox"/> | HEALTH INSURANCE VALID OVERSEAS FOR PROGRAM DURATION |
| <input type="checkbox"/> | HIGH SCHOOL CARD (OR OTHER EVIDENCE OF STUDENT STATUS) | | |

BLANKET TRAVEL AUTHORIZATION: I give my son/daughter permission to travel independently to Rome Fiumicino Airport and, upon arrival, to join the Staff and other students of the C.I.A.O! program and to travel with this group for the remainder of this Program on organized and adult supervised field trips from the Center to Rome and surrounding region. Upon Program completion I understand my son/daughter will be escorted by Center Staff to Fiumicino Airport and, from there, will be travelling independently to the United States.

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

WAIVE/RELEASE : I hereby waive and release C.I.A.O!, its affiliates, its overseas cooperators, their representatives and employees, to the maximum extent permitted by law, from any claims, causes of action and liability for any loss or damage (including, but not limited to, damage to property, personal injury, illness or death) suffered or incurred in connection with this Program, whether based on breach of contract, statutory duty, or warranty, negligence or any other grounds. I will indemnify C.I.A.O!, its affiliates, overseas cooperators, their representatives and employees any loss or damage incurred or suffered by them and caused by me in connection with this Program.

I agree that all of the information provided in this application is true to the best of my knowledge and that any falsification of information may lead to immediate dismissal from this Program.

I give C.I.A.O! permission to use any written, photographic images or video of me in the course of reporting on and/or promoting C.I.A.O!

Student Signature: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

NOTE: APPLICATION MUST BE COMPLETE, INCLUDING ALL REQUIRED SIGNATURES FOR ACCEPTANCE

HEALTH FORM + PERMISSION FOR EMERGENCY TREATMENT

Please attach a signed and dated recent physical and immunization history from the student's doctor

YES

NO

Do you have any present medical problems, under the regular care of a physician or other medical health provider? If yes, please explain in full: _____

Do you have any allergies? If yes, please list here: _____

Are you taking any prescription medications? If yes, please list here: _____

Do you have any special dietary needs? If yes, please list here: _____

Have you been hospitalized within the last five years? If yes, please explain: _____

Have you ever had: heart disease, high blood pressure, diabetes, hepatitis, jaundice, eating or sleep disorder, vision or hearing impairment, asthma, stomach or intestinal problems, epilepsy, mental illness, foot, leg or back problems? If yes to ANY of these, please explain: _____

List here further clarifications and/or explanations or concerns not mentioned above: _____

PERMISSION FOR EMERGENCY TREATMENT: I/we the undersigned do hereby grant permission, in the event of an emergency, for treatment for my/our son/daughter

(Name of Student Participant)

I/we understand that, in rare cases, an emergency occurs requiring hospitalization and/or surgery. In this event, as my/our child is a minor, my/our signature herein gives permission for anesthetic and/or surgery to be administered without further written consent. In so signing it is understood that every effort will have been made to contact us personally prior to proceeding and that this form is to prevent delay in the case of an emergency where such delay could be dangerous to the health of the student Program participant.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

THINGS TO BRING WITH YOU

- Passport and all pertinent travel documents including Student ID (Student ID needed for museum discounts)
- Traveller's checks/ATM card valid in Europe/ Euros (more than 100 Euros in cash is not recommended)
- Laptop capable of handling graphic software (GoogleSketchUp)
- A cell phone set up to function in Italy (needs to be done prior to departure; contact your phone carrier for details)
- Transformers for electrical equipment such as hair dryers, phone chargers, and laptops
- All toiletries and items including deodorant and insect repellent; there won't be time for shopping for such items.
- Camera (cell phone camera is acceptable); be sure to have extra memory cards as you will want to take lots of photos! And remember to bring a charger or extra batteries. If your camera equipment is expensive understand you are responsible for its safe-keeping.
- Sturdy walking shoes (many streets are cobblestone) and appropriate clothing for architectural tours (bare shoulders and skirts or shorts that are too short are not allowed in churches) as well as swimwear and wraps for cool evenings. It is advisable to remember that, when in Rome do as the Romans do. With clothing this means to dress comfortably but nicely. Also pack hats with visors for blocking out the sun and/or sunglasses. Sun protection for the skin is highly recommended.
- A reusable water bottle is strongly recommended; Rome has some of the world's best water and it's free! Fountains abound.
- Prescription and necessary medications in sufficient supply for duration of Program
- Students are responsible for security of their personal belongings; include whatever security measures deemed appropriate for equipment and personal items. Sant'Angelo in Pontano is quite safe but Rome is a big city so students are advised to carry money and cameras in a safe and secure manner.
- Bed linens are provided but if you have need of a special pillow type, you need to bring your own. Towels will be provided.

THINGS NOT TO BRING WITH YOU

- No accessories or embellishments for the rooms; space is a premium in Italy; the sleeping arrangements are cozy but comfortable yet will not accommodate many extras; plus, for a two-week program it is not necessary; little time will be spent in the rooms!
- No valuable jewelry
- No drugs or drug paraphernalia of any kind; nor alcohol nor cigarettes; nor anything that might be construed as a weapon.