



Keio Academy of New York  
US-JAPAN Summer Cultural Experience 2019

**AUTHORIZATION FOR PARTICIPANT PERSONAL TRANSPORTATION**

Participant's Name \_\_\_\_\_

Application Confirmation Number \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

Parent/Legal Guardian #1\*:

Name \_\_\_\_\_

Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Parent/Legal Guardian #2:

Name \_\_\_\_\_

Phone (work) \_\_\_\_\_ (cell) \_\_\_\_\_

(\* At least one guardian's information is required.)

I hereby authorize the following person(s) to pick up my son/daughter on my behalf or in case of an emergency. I further understand that Keio Academy of New York is not responsible for anything that may occur during the transportation of the participant before his/her arrival on campus on the arrival date or after the departure from campus on the departure date.

1. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

No person(s) other than the person(s) named above is authorized to transport my son/daughter for any reason.

\_\_\_\_\_  
Name of Parent/Legal Guardian (Please print)

\_\_\_\_\_  
Signature

Date \_\_\_\_\_