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### ANDERSON UNIVERSITY TRI-S APPLICATION

Women’s Volleyball

**Belize**

 Tentative Dates: January 2-13, 2019

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| **Personal Information** |

Legal Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MIDDLE LAST

Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Female [ ]  Male [ ]  Date of Birth \_\_\_\_\_\_/ \_\_\_\_\_\_ / \_\_\_\_\_\_ T-shirt Size: S [ ]  M [ ]  L [ ]  XL [ ]  XXL [ ]

 month day year

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

 STREET CITY STATE ZIP

Do you currently have a valid passport? Yes [ ]  No [ ]  Country of Citizenship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to request acceptance to participate in the Women’s Volleyball Belize program. I understand that acceptance is pending availability and the approval of the coach. Attached is a signed copy of the Anderson University Tri-S Agreement form and my non-refundable deposit in the amount of $200.00.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Cost & Payment Dates:** |
| **Program Cost:**  | **$1,900.00** |
| August 24, 2018: | Application and $200.00 non-refundable deposit |
| September 28, 2018: | $850.00 |
| October 26, 2018: | $850.00 |

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| **Return to the Tri-S and Study Abroad Office, Decker 132:**Mailing Address: Anderson University, Attn: Tri-S, 1100 E. 5th St, Anderson, IN 46012Phone: (765) 641-4170 E-mail: tri-s@anderson.edu |
| [ ]  | Completed Tri-S Application |
| [ ]  | Signed Anderson University Agreement & Release Form |
| [ ]  | $200 Non-Refundable Deposit *We accept cash, credit/debit cards, or checks. Make checks payable to Anderson University. Credit/debit cards can only be taken in person.* |
| [ ]  | A copy of your passport or birth certificate |

Please request information regarding the purchase of optional travel insurance.

In order to cover “pre-existing conditions” and /or “trip cancellation”

 insurance must generally be purchased within 21 days of your initial trip deposit.

• Prior to travel, it is my responsibility to consult my family physician regarding immunizations or other precautions to pro­tect against travel-related illnesses.

• If I have any physical or mental condition or I am taking a prescription medication which may require special medical attention or accommodation during the program, I will notify the Tri-S office or my group leader.

• It is my responsibility to be sure I am covered by a policy of comprehensive health and accident insurance that provides cov­erage for any injuries or illnesses I may experience during my travel. I will not hold Anderson University, its directors, or offi­cers liable for any injuries, illnesses, claims, damages, charges, bills, and/or expenses I may incur related to health or accident issues while traveling through this program.

• I grant to Anderson University or any of its representatives full authorization to take any action deemed necessary to pro­tect my health and safety at my expense, including, but not lim­ited to, placing me under

**Programs and Travel**

*I acknowledge that my participation in this program is entirely voluntary. I acknowledge that I have read, understand, and will abide by each of the terms and conditions of this agreement. I realize that all deposits are non-refundable and cannot be transferred to another person.*

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

losses, damages, or negligence by any tour operator, airline or

transportation company, hotel or other housing facility, food service, or any other service due to weather, strikes, acts of God, war, quarantine, civil unrest, ter­rorism, or any other reason not explicitly stated here.

• I realize that Anderson University cannot assume responsibility for any loss, disappointment, expense, or frustration resulting from my failure to follow instructions or obtain the required documentation including passport, visa, birth, and/or health certificates.

• I understand that Anderson University, at its sole discretion, reserves the right to cancel all or part of any program after departure, requiring that all participants return to the United States if the university determines or believes that any person is or will be in danger if the program is continued.

the care of a doctor or hospital for medical examinations and/or

treatment, or returning me to the United States if such return is deemed necessary after consulta­tion with medical authorities.

• I understand that participation in Anderson University’s Tri-S program involves risks not found in study at the university. These risks include but are not limited to traveling to and within, and returning from, one or more foreign countries; foreign, political, legal, social and economic conditions; different standards of design, safety and maintenance of buildings, public places and conveyances; local medical practices and conditions; natural hazards; disease, illness and injury; and crime. I understand that these and other risks are further described in the U.S. Department of State Consular Information Sheet and Travel Warning for the country or countries to which I will be traveling (<http://travel.state.gov/travel/>). I acknowledge that I am aware of these risks, that the University has no control over these risks, and that it is my responsibility alone to take precautions to minimize such risks.

**Health and Safety**

• I understand that Anderson University reserves the right to make changes to the program itinerary at any time and for any reason, with or without notice, and the university shall not be liable for any loss to me because of any such cancellation or change. Any additional expenses resulting from penalties assessed by airlines because of operational or itinerary changes are my responsibility. The university reserves the right to substi­tute housing of a similar category at any time. Specific room and housing assignments are at the sole discretion of the university.

• I agree that Anderson University may use photographs that may be taken of me during the period of my participation in the program for whatever purpose they see fit.

• I understand that Anderson University assumes no responsibil­ity, liability, or expense for any delays, cancellations, fare changes, missed carrier connections, public health risks, acci­dents, illnesses, injuries, death,

**ANDERSON UNIVERSITY TRI-S AGREEMENT AND RELEASE FORM**

In consideration of my acceptance in Anderson University’s Tri-S program, I hereby agree to the following:

• I understand that Anderson University reserves the right not to accept or retain me in the program at any time should my actions or behavior impede the operation of the program or the rights or welfare of another person. Similarly, if my conduct violates any policy, procedure, or lifestyle expectation statement as outlined in the Anderson University Student Handbook,

**Conduct and Lifestyle**

• I understand that I may be required, at my own expense, to leave the program at the sole discretion of Anderson University's agents and representatives, and may be referred to the appropri­ate Anderson University officials for further disciplinary or other action. In such an event, no refund will be made for any unused portion of the program.