

# Long Beach-Yokkaichi Sister City Association

*"Building Leaders for the 21<sup>st</sup> Century"*

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## Student 2017 Environmental Summit in Yokkaichi, Japan

### **International Travel Consent**

This form is to be completed if you are selected as an Environmental Summit Delegate and when the selected Chaperone is named.

We declare that we are the lawful parents / guardians of \_\_\_\_\_  
*Student Name*

Use (x): M \_\_\_\_\_ F \_\_\_\_\_ born on (birthdate): \_\_\_\_\_

in City/State or Country \_\_\_\_\_.

American Passport No. \_\_\_\_\_, issued on \_\_\_\_\_.

Our child is traveling as a member of the Long Beach-Yokkaichi Sister City Association Environmental Summit Program as part of an educational program in Yokkaichi, Japan.

Our child has our consent to travel with the selected 2017 Chaperone from Long Beach-Yokkaichi Sister City Association located c/o Vaughn Law Office, 17011 Beach Blvd., Suite 900, Huntington Beach, California, 92647 to travel to Japan.

### **Chaperone Information**

Our child will be traveling with \_\_\_\_\_  
*Chaperone*

Use (x): M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth: \_\_\_\_\_

in City/State or Country \_\_\_\_\_

American Passport No. \_\_\_\_\_, issued on \_\_\_\_\_.

### **Environmental Summit Program Travel Dates**

Our child will be leaving the United States on **July 30, 2017**, and returning to the United States **August 7, 2017** (return date subject to change).

**In Case of Emergency**

In the event that our child requires emergency medical treatment and we cannot be reached,  
\_\_\_\_\_, Chaperone, of Long Beach-Yokkaichi Sister City Association is  
authorized to consent to medical treatment in our stead.

Any questions regarding this document may be addressed to:

**Parent(s) or Guardian(s) Contact information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_

THE ATTACHED ACKNOWLEDGMENT(S) MUST BE NOTARIZED.

**ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT**

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of \_\_\_\_\_)

On \_\_\_\_\_ before me, \_\_\_\_\_  
personally appeared \_\_\_\_\_

who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**ALL-PURPOSE  
CERTIFICATE OF ACKNOWLEDGMENT**

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Signature \_\_\_\_\_ (Seal)