

## HOUSING AND TRANSPORTATION FORM

Please return these forms **no later than 4 weeks** prior to the beginning of your program to:

Pacific Islands Institute  
Road Scholar Program  
3566 Harding Avenue, Suite 202  
Honolulu, Hawai'i 96816  
Fax: (808) 732-9555

**PROGRAM NUMBER YOU ARE ATTENDING: 12140**

**PROGRAM DATES:** \_\_\_\_\_

Your Name as listed on the I.D. you will be using for airline check-ins:

\_\_\_\_\_  
Last First  
Traveling Companion's Name (if applicable) as listed on the I.D. he/she will be using for airline check-ins:

\_\_\_\_\_  
Last First

Name/Nicknames you wish printed on nametag: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### ACCOMMODATION REQUESTS

Non-smoking  Smoking

People traveling independently will be assigned to a room with two beds. If traveling with a roommate, do you prefer:

One Bed  Two Beds

**(We will do our best to obtain your preferred bedding arrangements, but can make no guarantees.)**

### MAUI ARRIVAL & DEPARTURE INFORMATION

After you have made your own reservations, please complete the following.

If your plans change, please notify us.

Arrival Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Arrival Time \_\_\_\_\_

Departure Date \_\_\_\_\_ Airline \_\_\_\_\_ Flight # \_\_\_\_\_ Departure Time \_\_\_\_\_

If you are arriving prior to your program's start date or departing after your program's end date, where will you be staying?

Before Program \_\_\_\_\_

Dates \_\_\_\_\_

After Program \_\_\_\_\_

Dates \_\_\_\_\_

## PERSONAL INFORMATION

Please fill out this information. It will assist us in getting to know you. If you are traveling independently, please skip the questions referring to Traveling Companion.

Are there any birthdays or anniversaries during your program with us? (If so, please tell us the date and occasion):

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Your talents and interests \_\_\_\_\_

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Traveling Companion's talents and interests \_\_\_\_\_

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The one thing I would most like to see, learn, or do during this program is \_\_\_\_\_

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Traveling Companion (same question as above) \_\_\_\_\_

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Have you attended a **Pacific Islands Institute** Road Scholar Program before?

Yes  No

When? \_\_\_\_\_

Where (Hawai`i – O`ahu, Maui, Kaua`i, Hawai`i Island; South Pacific)? \_\_\_\_\_

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What program format? (Land-based, Shipboard, Active - Snorkeling, Cycling, Hiking/Surfing/Kayaking, etc.)

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Please read carefully and complete both sides.  
Form is confidential and must be returned to  
Program Provider noted on opposite side no less  
than **three weeks** prior to the program start.

## US Programs Health & Safety Form

Program # and Date \_\_\_\_\_

Name (*legal name*) \_\_\_\_\_

Nickname (*for name tag*) \_\_\_\_\_

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

Home phone \_\_\_\_\_

Cell phone (*or alternate phone*) \_\_\_\_\_

Age \_\_\_\_\_ Birthday (*mm/dd/yyyy*) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Female

Male

Nonsmoker

Smoker

Traveling Companion/Roommate Name (*if any*) \_\_\_\_\_

### Person to notify in event of an emergency / next-of-kin (*someone other than your traveling companion*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home phone \_\_\_\_\_ Cell and/or work phone \_\_\_\_\_

### MEDICAL INFORMATION AND RESTRICTIONS (*Please read information on reverse before completing this section*)

Do you have **medical condition(s)** such as allergies, injuries, diabetes, emphysema, heart condition, seizures, recent surgery, or others that would be important to know about in case of an emergency?  No  Yes

*If "Yes," please specify:*

Do you have any **impairment(s)** or **restriction(s)** such as impaired mobility, hearing, vision, etc., that may prevent you from participating fully in the entire program as described by the program description or may require special rooming and/or arrangements, equipment, or assistance for you to participate in the program?  No  Yes

*If "Yes," please specify:*

Do you use or transport any of the following items?  Cane  Walker  Wheelchair  Scooter  Oxygen  CPAP

*If "Yes," please specify which one(s), the extent to which you depend on the item(s), and if you will bring to the program:*

Do you require prescription or other medication(s) on a regular basis?  No  Yes

*If "Yes," please list and indicate reason(s) for taking (attach another page if more space is needed):*

Do you have any **restrictive food allergy(s)**?  No  Yes  
If "Yes," please specify:

*\*Please note: Participants, not Road Scholar or Program Providers, are solely responsible for making sure they do not consume foods to which they are allergic.*

Is there any additional information you would like us to know?

Do you have private medical/accident/illness insurance coverage (other than Medicare)?  No  Yes  
If "Yes," please specify:

\_\_\_\_\_  
Name(s) of Insurance Company(s) and Policy Number(s)

\_\_\_\_\_  
Primary Care Physician (Road Scholar reserves the right to contact your physician)

\_\_\_\_\_  
Phone (24-hour emergency # if available)

**Medical & Physical Needs**

Road Scholar is committed to providing reasonable accommodation to enable individuals with special medical and physical needs to participate in our programs. However, Road Scholar cannot ensure your comfortable participation if you have not shared your individual needs with us in advance. Road Scholar catalogs and our website request that you share your individual needs with Road Scholar at the time of your registration. **If you have not already done so, you must do so now by calling Road Scholar's Participant Services team toll free at (877) 426-8056, not the Program Provider, so that we can determine if your needs can be accommodated.** After consulting with the Program Provider and personnel at the program sites, Road Scholar will contact you with further information on matters such as the suitability and functionality of your requests, the physical demands of the program, or the availability of dietary options. If you do not call to advise Road Scholar of your requirements

or special needs well in advance of your program, we may not be able to accommodate your requests once you arrive on the program. Please note that special dietary requests **CANNOT** be guaranteed. Alternative meal choices are available only if specifically offered (see Road Scholar catalogs and website for meal options) **AND** requested in advance.

**Terms and Conditions**

The granting or denial of admission to a program is within the sole discretion of Road Scholar. Road Scholar may revoke admission or limit or terminate participation at any time if, in the opinion of Road Scholar, a participant's condition, behavior or actions are problematic, inappropriate or disruptive. Road Scholar reserves the right to take action as needed on an individual or group basis when, in Road Scholar's sole opinion, the health, safety or well-being of participants requires such action. With this in mind, carefully consider the travel and program demands as

described in Road Scholar materials and consult with your physician about participating well before departure. If you are not confident in your abilities and wish to reconsider your enrollment in the program, please call Road Scholar toll free at (877) 426-8056 and we will be happy to assist you in finding a more suitable program.

**Emergencies**

As noted in the **Road Scholar Travel Assistance Plan** brochure included with your enrollment notice, emergency evacuation insurance is included in the cost of your program. Should you become ill or injured during the program, notify program staff as soon as possible. They will make every reasonable effort to find local medical help. It is essential that you include on this form all information that would be important to know in an emergency or that could affect your participation in the program.

Every individual enrolled in a Road Scholar program is required to complete, sign and return this confidential form to the Program Provider noted to the right no less than **three weeks** prior to the start date of the program. **Failure to submit a signed Health & Safety form no less than three weeks prior to the start of your program may result in the termination of your program enrollment.**

I have read, understand and agree to the terms and conditions as described above and declare the answers to the above questions are true and complete. I attest that I am in good general health and capable of performing all program activities as described by the program description and its corresponding Activity Level.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Return this form to:**