

## Exceptional Tours' Registration Packet

Instructions: Please completely fill out the attached forms. For your convenience, we offer a few ways for you to get them to us.

1. If you choose to print and mail the form, return to us at:

3201 Edge Lane Annex  
Thorndale PA 19372

2. Fax - you can fill out by hand and fax: **(610) 679-5725**

3. Email - Complete the form then attach to an email to

[Exceptionaltoursinfo@yahoo.com](mailto:Exceptionaltoursinfo@yahoo.com)

If you are sending the form to us via e-mail we suggest encrypting the form before sending.

Any questions! Give us a call (267) 971-7721

**Traveler Information - Emergency Contact Form**

Legal Name of Traveler: \_\_\_\_\_ Activity \_\_\_\_\_

*\*As listed on the current government-issued photo ID they will be using for travel. Please send a photocopy of your ID.*

Nickname/Goes By: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ PA \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Social Security # \_\_\_\_\_

T-Shirt Size: (circle one) XS S M L XL 2XL 3XL Gender (circle one): M F

**Family/Guardian or Agency Contact Information:**

Primary Contact: \_\_\_\_\_

Address: (Street) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Agency Name (if applicable): \_\_\_\_\_

**Emergency Information:**

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Traveler: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Traveler: \_\_\_\_\_

Health Insurance- Primary (Type and #) \_\_\_\_\_

Secondary (Type and #) \_\_\_\_\_

Allergies (List all known allergies): \_\_\_\_\_

History of Seizures (circle one) Yes No Special Diet? Yes No: \_\_\_\_\_

**\*\*Describe any important medical information that would be needed in cases of emergency:**

\_\_\_\_\_

**\*\*We will also need a Grab and Go packet of information (copy of ID, insurance cards, lifetime medical history, list of medications) which will only be used if there is an emergency while traveling.**

**Traveler information – Skills**

Traveler: \_\_\_\_\_ Activity: \_\_\_\_\_

Traveler’s primary disability \_\_\_\_\_ Other Diagnoses: \_\_\_\_\_

Is a wheelchair used? (circle one) Yes No Can Traveler Transfer? Yes No

Indicate any mobility assistance required: \_\_\_\_\_

Does traveler have any dietary restrictions? Low fat high fiber, low carbohydrate, encourage to make healthy choices. \_\_\_\_\_

How is the traveler’s food prepared? (Normal, Chopped Pureed)? \_\_\_\_\_

List Food Allergies: \_\_\_\_\_

**Daily Living Skills Checklist:** (Please check and provide details if needed)

<b>Skill Area:</b>	<b>Independent</b>	<b>Some Assistance</b>	<b>Total Assistance</b>
Dressing			
Bathing			
Toileting			
Eating			
Money Management			
Medication			
Communication basic needs			
<b>Social Skills:</b>	<b>YES</b>	<b>NO</b>	<b>EXPLAIN</b>
Can Traveler communicate verbally?			
Fears? (heights, escalators, animals, etc.)			
Interacts appropriately with others in the community?			
Can traveler be left alone?			
If yes, how long?			
Is the traveler an elopement risk?			
Can traveler call 911 in an emergency?			
<b>Time the Traveler goes to sleep?</b>	<b>PM</b>		
<b>Wakes up?</b>	<b>AM</b>		
<b>Dislikes</b>			<b>Likes</b>
1.			1.
2.			2.
3.			3.

Please explain any additional information that will assist us in understanding the traveler’s needs: \_\_\_\_\_

\_\_\_\_\_

### Traveler Information – Medical

Traveler: \_\_\_\_\_ Travel/Activity Date(s): \_\_\_\_\_

**List all medications:** See attached med list. Frank is Independent with medication administration. He takes them all at night by himself.

#### Does the traveler have any of the conditions below?

	Yes	No	Explanation
<b>Asthma/Inhaler</b>			
<b>Bedwetting</b>			
<b>Chest pain</b>			
<b>Constipation/Diarrhea</b>			
<b>Diabetes</b>			
<b>Frequent Headaches</b>			
<b>Heart Disease/Defect/Murmur</b>			
<b>Joint or back problems</b>			
<b>Menstrual Difficulties</b>			
<b>Recent injury/illness/infection</b>			
<b>Recurrent or chronic illness</b>			
<b>Seizures</b>			
<b>Skin Problems/open sores</b>			
<b>Sleepwalking</b>			
<b>Visual Impairment</b>			
<b>Hearing Impairment</b>			
<b>Restrictions on activity</b>			
<b>Trouble Sleeping</b>			

Please notify Exceptional Tours of any medication and health changes prior to trip/activity departure. Travelers must bring a copy of their health insurance card on the trip/activity.

\_\_\_\_\_

**Exceptional Tours Terms and Conditions**

Traveler: \_\_\_\_\_ Date of Trip/Activity: \_\_\_\_\_

Our Travel Companions are trained to lead safe and fun vacations/activities. Travelers attending a vacation or activity do so at their own risk, and release Exceptional Tours and all of their agents from liability for any harm to person or property that may occur.

Travelers must have their own medical insurance. Travelers insurance can be purchased for an additional fee. Travelers who are removed from a trip/activity for medical, behavioral, or psychological reasons are responsible for the cost of their return. Any incidental expenditures incurred by a traveler while on a trip/activity is the responsibility of the traveler, and must be reimbursed to Exceptional Tours within 30 days of invoice receipt.

Travelers making changes or cancellations within **30-60 days** prior to trip departure or activity date will receive a refund less \$100 cancellation charge and any non-refundable pre-purchased portion of the vacation package.

Travelers making changes or cancellations 15-30 days prior to departure or activity will receive a refund less \$500 and any non-refundable pre-purchased portion of the vacation package.

**Travelers making changes and cancellations within 14 days of departure or scheduled activity will forfeit all funds paid, these cancelled trips and activities are NON-REFUNDABLE.**

**Deposits and funds paid for prior to no shows, late arrivals to a departure site and refused boarding of a flight, cruise or activity due to lack of proper identification are NON-REFUNDABLE.**

By signing below, I acknowledge the above content.

I certify that the information on each Traveler Information form is, to the best of my knowledge, complete and accurate. 2. **The traveler described herein is healthy enough to engage in all Exceptional Tours activities, except as noted.** 3. I hereby give permission to Exceptional Tours to provide prescription and non-prescription, over-the-counter medications, and treatments to the Traveler with verbal authorization from the Emergency contact people listed and at the discretion of the Exceptional Tours Companion Staff when the emergency contact(s) are unable to be reached. 4. I agree to the release of any records necessary for insurance purposes or medical treatment. 5. In the event of an emergency, I hereby give permission for the Exceptional Tours Director or designee to act on my behalf in securing medical treatment, including hospitalization, and for emergency transportation for the Traveler. 6. I agree to allow the likeness of the traveler to be used for marketing purposes (without using identifying information), unless stipulated in writing. By signing below, confirms you have read the Terms and Conditions, you understand it, and you agree to be bound by it.

*Exceptional Tours LLC.*

Traveler: \_\_\_\_\_

X \_\_\_\_\_

\_\_\_\_\_

Signature of agency representative/parent/ guardian

Date