



# APPLICATION

CARSON SISTER CITIES ASSOCIATION

STUDENT CULTURAL EXCHANGE PEN PAL PROGRAM WITH SOKA, JAPAN

**Deadline: Tuesday, May 11, 2021**

Applicant's Name: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name of School: \_\_\_\_\_

Why do you wish to participate in this program?

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Parent(s)/Guardian(s) Name: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

(Optional) What do you hope for your child to gain from this experience?

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In case of Emergency (relative):

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

E-mail Address: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

- I verify by my signature that the information contained in this application, as well as the supporting documents submitted with it, are truthful in every respect; that I have read and understand the information contained in the Student Cultural Exchange Pen Pal Program announcement; and that, if selected, I will represent the City of Carson, the Carson Sister Cities Association and the United States of America in a way that brings credit to all I represent.

By signing this application, I, the Applicant, am taking full responsibility for my participation in the Student Cultural Exchange Program.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If a minor – Parent/Guardian must sign in addition to Applicant. By signing this application, I am taking full responsibility for the applicant's participation in the Student Cultural Exchange Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Additional Requirements**

To be submitted along with completed application

1. Carson Sister Cities Association Membership Application (use form attached)
2. Parental Waiver and Consent Form (use form attached)
3. Release Agreement (use form attached)
4. Submit a proof of residency, such as a California Driver's License or California I.D.

Please return all materials in a single packet to the:

Carson Sister Cities Association  
c/o Public Information Office  
701 E. Carson Street  
Carson, CA 90745

**Applications must be filed no later than Tuesday, May 11, 2021 by 5 p.m.**



**PERSONAL INFORMATION FORM**  
**CARSON SISTER CITIES ASSOCIATION**  
**STUDENT CULTURAL EXCHANGE PROGRAM**

Please include a 2"x3" photo with this form

**Full Legal Name**

First, Middle, Last: \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Birthday \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Month Day Year

School \_\_\_\_\_ Grade \_\_\_\_\_ Year \_\_\_\_\_

**Emergency Contact Information**

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

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

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Questions**

- 1. What would you like to learn from participating in this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What are your hobbies? What activities do you enjoy doing in your spare time? What types of food do you like to eat?

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3. Describe your personality.

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4. How often would you like to communicate with a student in Soka, Japan?

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5. Do you speak Japanese? YES / NO

If yes: Fair Good Fluent

(please circle)



# CARSON SISTER CITIES ASSOCIATION MEMBERSHIP APPLICATION

Join the Carson Sister Cities program and be part of one of the finest organizations in the City of Carson. Help us promote understanding and goodwill and enjoy meeting new people.

A major project of the association is coordinating a student exchange program between the City of Carson and each of our sister cities. Carson has enjoyed a Sister Cities affiliation with Soka, Japan since 1979. In 1997, Carson formed an affiliation with Wanju-gun County, Republic of Korea and another with Paranaque, Philippines in 2017.

Your membership and active participation in CSCA will help establish new programs, pen pal exchanges and numerous fund-raising activities.

The officers of the Carson Sister Cities Association consist of:

- Chairperson
- Vice-Chairperson
- Recording Secretary
- Treasurer
- Vice-Chairperson of Youth Affairs
- Vice Chairperson of Recruitment & Ways and Means
- Parliamentarian
- Controller

For more information on joining the Carson Sister Cities Association, call Carson City Hall Public Information Office at (310) 952-1740.

Please return this portion with your membership dues



## CSCA Membership Application

Annual membership dues: \$10.<sup>00</sup> Individual \$20.<sup>00</sup> Family \$50.<sup>00</sup> Business  
\$10.<sup>00</sup> Student Exchange Alumni

Please check type of membership:  Individual  Family  Business  New  Renewal  
 Alumni

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Fax ( ) \_\_\_\_\_ E-mail \_\_\_\_\_

Family Members: \_\_\_\_\_

Make checks payable to: Carson Sister Cities Association (CSCA)

Mail to: CSCA  
C/O City of Carson  
Public Information Office  
701 E. Carson Street  
Carson, CA 90745



## PARENTAL WAIVER AND CONSENT FORM

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the Carson Sister Cities Associations' Pen Pal Program.

I understand that there are certain risks that may arise during my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in and following the rules of the program.

***By way of example, and not as a limitation, your child agrees NOT to:***

1. Defame, abuse, harass, stalk, threaten or otherwise violate the rights (such as rights of privacy and publicity) of others.
2. Publish, distribute and/ or disseminate any harmful, obscene, indecent, unlawful, libellous, profane, defamatory, infringing, inappropriate, hateful, or racially, ethnically or otherwise objectionable material or information.
3. Create a false or misleading identity or falsely state or otherwise misrepresent your affiliation with a person or entity, for the purpose of misleading others as to the identity of the sender or the origin of a message or to harvest or otherwise collect information about others.
4. Transmit, e-mail or post any material that contains in any form software viruses or such programs as including but not limited to, Trojan horses, worms, time bombs, cancel-bots, computer code, files or programs designed to interrupt, destroy or limit the functionality of any computer software or hardware or telecommunications equipment.
5. Disseminate content that infringes any patent, trademark, trade secret, copyright, rights of privacy or publicity, or other proprietary right ('Rights') of any party or infringes any intellectual property law or any other applicable law.
6. Disseminate any unsolicited or unauthorized advertising, promotional materials, 'junk mail', 'spam', 'chain letters', 'pyramid schemes', or any other form of such solicitation.
7. Interfere with another user's use and enjoyment of the project.
8. No lewd, sexual, rude, or improper behavior



9. No inappropriate attire(Sundresses, spaghetti strapped, and strapless dresses are not allowed unless worn with an outer garment with sleeves that is not see through in nature, Sleeveless tops are allowed as long as shoulders are covered, Tops that are low cut or show inappropriate cleavage are not allowed, No halter-tops, Tops that are too fitted are not allowed, No see-through garments, No tank tops, No under garment shall be worn as an outer garment, All top garments must cover the waist and not expose the sides of the body, Garments which display indecent or culturally offensive pictures or slogans are not allowed, No clothing / jewelry may not display pictures that refer to weapons, drugs, alcohol, sex, or include derogatory statements, gestures, or innuendos)

In addition to giving my full consent for my child’s participation, I do hereby waive, release and hold harmless the Carson Sister Cities Association and the City of Carson for any indirect, consequential or special liability arising out of or in any way related to my child in the normal course of participation in the program, whether the result of negligence or any other cause.

Name of Child:  
\_\_\_\_\_  
(Please Print)

Name of Parent:  
\_\_\_\_\_  
(Please Print)

Parent/Guardian Signature:  
\_\_\_\_\_

Date:\_\_\_\_\_



## RELEASE AGREEMENT

I, the below signed, understand that I may be video recorded/photographed, or I may otherwise appear in a video/photo/television, including my likeness and/or voice, in connection with the City of Carson's event. By signing below I have agreed to my participation. I understand that my voice, name, and image will be recorded/photographed by various mechanical and electrical means of all descriptions (such recordings, any piece thereof, the contents therein and all reproductions thereof, along with the utilization of my name, shall be collectively referred to herein as the "Released Subject Matter"), and that for no consideration, hereby freely and without restraint consent to and give unto the Producer and its agents or assigns or anyone authorized by the City of Carson or its Producer, (collectively referred to herein as the "Releasees") the unrestrained right in perpetuity to own, utilize, or alter the Released Subject Matter, in any manner the Releasees may see fit and for any purpose whatsoever, all of the foregoing to be without limitation of any kind. Without limiting the generality of the foregoing, I hereby authorize the Releasees and grant unto them the unrestrained rights to utilize the Released Subject Matter in connection with the Video/Photo/Television advertising, publicity, public displays, and exhibitions. I hereby stipulate that the Released Subject Matter is the property of the Producer for any and all lawful purposes.

I hereby waive to the fullest extent that I may lawfully do so, any causes of action in law or equity I may have or may hereafter acquire against the Releasees or any of them for libel, slander, invasion of privacy, copyright or trademark violation, right of publicity, or false light arising out of or in connection with the utilization by the Releasees or another of the Released Subject Matter. I expressly stipulate that the Releasees may utilize the Released Subject Matter or not as they choose in their sole discretion without affecting the validity of this Release. This Release shall be governed by California law and shall be construed liberally in favor of protecting the Releasees from any liability whatsoever.

I hereby certify that I am over the age of eighteen, and that I have read, understood, and agreed to the foregoing.

\_\_\_\_\_

Print Name	Signature	Date
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Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone No: (    ) \_\_\_\_\_

### IF UNDER THE AGE OF 18:

I, the above signed, am the parent or legal guardian of the child (or children) whose name is indicated below, and after reading and agreeing to the terms state above, I consent and agree to the terms of the Release Agreement on behalf of myself and my child(ren), including all terms as stated in the Release Agreement above.

Name of Child(ren):

\_\_\_\_\_  
\_\_\_\_\_