

お子様一人旅(スカイキッズ)申込書

APPLICATION OF UNACCOMPANIED MINOR (SKY KIDS)

日付(DATE): 年(Y) 月(M) 日(D)

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|---|---|-----------------------------|---------------|---|--|
| 1 | お子様のお名前 (Full Name of Minor) | | | 年齢(Age) | 性別(Gender) <input type="checkbox"/> 男(MSTR) <input type="checkbox"/> 女(MISS) |
| | | 姓(Family Name) | 名(Given Name) | | |
| 2 | ご旅程 (Flight Details) | 便名(Flight No.) | 日付(Date) | 出発地(From) | 到着地(To) |
| 3 | お見送人 (Person accompanying on Departure) | お名前 (Name) | | | |
| | | 住所 (Address) | | | |
| | | 携帯電話番号(Mobile Phone Number) | | - | - |
| 4 | お出迎人 (Person meeting on Arrival) | お名前 (Name) | | | |
| | | 住所 (Address) | | | |
| | | 携帯電話番号(Mobile Phone Number) | | - | - |
| 5 | 1人で飛行機に乗るのは初めてですか? Is the minor the first time to ride in an airplane alone? | | | <input type="checkbox"/> はい(Yes) | <input type="checkbox"/> いいえ(No) |
| 6 | 乗り物酔いしやすいですか? Does the minor tend to airsick? | | | <input type="checkbox"/> はい(Yes) | <input type="checkbox"/> いいえ(No) |
| 7 | 食物アレルギーはお持ちですか? Does the minor have allergy to food and drink? | | | <input type="checkbox"/> はい(Yes) | <input type="checkbox"/> いいえ(No) |
| | 「はい」とお答えの方は該当原材料に丸印(○)をお付けください。 If applicable, please circle the appropriate materials. | | | 卵・小麦・乳・えび・かに・そば・ピーナッツ・その他() Egg・Wheat・Milk・Prawn・Crab・Soba・Peanut・Others() | |
| 8 | キッズ携帯電話の「完全電源 OFF」機能を設定しましたか? Does your child have a GPS cell phone? Did you set the phone completely power off? | | | <input type="checkbox"/> はい(Yes) | <input type="checkbox"/> いいえ(No) |
| 9 | 他に何か特別なことがありましたらお知らせください。 Please let us know if you have any questions. | | | | |

-----切り取り線-----

【SKY 使用欄 (DEP KD/KI→CABIN→ARR KD/KI)】

| | | | |
|---|-------------------------------------|---------------------------------|-----|
| 1 | お子様のお名前/年齢 (Name/Age) | | / |
| 2 | お出迎人 (Person meeting on Arrival) | お名前(Name) | |
| | | 携帯電話番号 (Mobile Phone Number) | - - |

※食物アレルギー(有・無)有りの場合には詳しく記載。 Any allergy to food and drink (Yes/No) If Yes, write in details below.

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お出迎えの方のご署名
(Signature by Person meeting on Arrival)

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同意書

スカイマーク株式会社 殿

日付: 年 月 日

1. 私は裏面記載の小児に対して出発地、目的地のそれぞれの空港に於いて、指定の者が付添い、出迎えるように手配済みです。
2. 同小児が目的地に到着の際、もし裏面記載の出迎えがない場合には、私は、貴社および関係の他航空会社にその措置をお任せし、これによって生ずる経費は私が負担いたします。
3. 同小児の貴社航空機搭乗中および目的地に到着後の保護監督について、貴社および貴社関係職員に対し、一切の責任を問いません。
4. 同小児は有効な旅券・検疫証明書・査証・その他本旅行に必要な一切の書類を所持していることを保証いたします。(国際線のみ)
5. 私は同小児の親(保護者)として裏面記載の通りの運送に同意し、貴社に依頼するものであり、以上の記載事項に相違ないことを確認いたします。

I, the undersigned parents or guardian of the minor mentioned on the following, agree to and request the unaccompanied carriage of the minor named on the following and certify that the information provided is accurate.

ご署名

CONSENT AND RELEASE FORM

TO: SKYMARK AIRLINES INC.

Date:

1. I consent that I have arranged for the minor mentioned on the reverse side of this sheet to be accompanied to the airport on departure and to be met upon arrival by the persons named. These persons will remain at the airport until the flight has departed and/or be available at the airport at the scheduled time of the arrival of the flight.
2. Should the minor not be met as stated I authorize the carrier(s) to take whatever action they consider necessary to ensure the minor's safe custody, including return of the minor to the airport of departure, and I agree to indemnify and reimburse the carrier(s) for the necessary and reasonable costs and expense incurred by taking such action.
3. I agree to release the carrier(s), their agents and employees from any and all liabilities for the custody of the minor during the flight after arrival at the airport.
4. I certify that the minor is in possession of all travel documents (passport, visa, health certificate, etc.) required by applicable law.
(International Flight only)
5. I, the undersigned parents or guardian of the minor mentioned on the reverse side of this sheet, agree to and request the unaccompanied carriage of the minor named on the following and certify that the information provided is accurate.

Signature by Parent/Guardian