To the parents

Please read the following conditions and sign your name for an approval. The personal information will strictly be protected.

Declaration of Consent for having your child under 19 years old stay over night

I,	as	a par	ent,	appro	ve to	have	my	child	under	19	years	old	stay	a t	the	Hote	l Ro	se
Gar	den	Shin	juku	from	(date	<u>e)</u>	,	(year)		to	(dat	e)	,	(ye	ar)			I
agr	ee i	to the	cond	ditions	writ	ten be	elow	. If	any da	mage	is car	used	toot	her	gue	sts be	ecai	ıse
o f	my	child	' S	behav i	or, I,	as	him/	her p	arent,	wi]	ll tak	e a	respo	nsi	ble	for	it.	

- 1. I do not have him/her smoke.
- 2. I do not have him/her take alcoholic drinks.
- 3. I will take certain responsible if he/she does harm to other guests.
- 4. I will reimburse if he/she cannot pay.
- 5. The hotel will contact you as needed.
- I make sure he/she agrees to the General Terms & Conditions for Accommodation Contract. I agree that the hotel would deny his/her staying if any violation occurs.

Date signed:
Your address:
Easily accessible phone number:
Your signature:
Name or your child:

