

ILAC Summer Camps * Ages 15 - 18 Registration Form

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Gender:	Ом	O F	Οx	Email:			
Last Name*:				Country:			
As it First Name:	appears on passpo	ort		Address:			
*As it	appears on passpo	ort	,	City:			
Date of Birth:	YYYY	/ MN) DD	Province:		Postal Code:	
Nationality:				Phone Nu	mber:		
Mother Tongue:				Emergeno	y Contact:		
Passport #:				Emergeno	y Contact Phone:		
Are you currently ir	n Canada?	○ Ye	es O No	Campus:	O Toronto	O Vancouver	
Agent Informatio	n						
Agency:		C	ontact Person:		Agent E	mail:	
Program Informa Camp Length:	tion						
O 4 Weeks	O 31	Weeks	O 2 Weeks				
Camp Start Date: O June 19	O Ju	ne 26	O July 3	O July 10	O July 17	O July 24 3 weeks only.	O July 31
Airport Transfer:							
Arrival Date:	/	/		formation:			
Departure Date:	YYYY / / YYYY /	MM / / MM /	Flight In	formation:			

Parents/Guardians Information (preferably from both parents/guardians)

	Parent/Guardian 1	Parent/Guardian 2
Full Name		
Date of Birth (YYYY/MM/DD)		
Home Address		
Phone Number		



ILAC Summer Camps ★ Ages 15 - 18 Registration Form

2023

Student Consent Form

Please carefully read and sign the <u>Student Consent Form</u> before arriving at any ILAC accommodation.

Medical Information *Please note: it is m	andatory for ILAC st	tudents	to have med	lical insurance during their stay in Canada.				
Do you have medical insurance*?	O Yes	0	No	Policy Number:				
If "No", would you like to book insurance through ILAC?	O Yes	0	No	Start Date: / / /	End Da		/ ~~	/ IM DD
Do you have any allergies?	O Yes	0	No	List Allergies:		rı	11 11	טט וויוו
Do you have any medical issues?	O Yes	0	No	List Medical Issues:				
Do you have any physical disabilities?	O Yes	0	No	List Physical Disabilities:				
Do you have any food restrictions?	O Yes	0	No	List Food Restrictions:				
Are you allergic to pets?	O Yes	0	No	Specify which pet(s):				
Do you smoke?	O Yes	0	No					
Applicant Signature:				Da	te:			
Applicant Signature:				-	te:	MM	/	DD
Applicant Signature: This document is important. In accepting it, you are confirming you I, hereby certify that the above information is true and complete. I underst speak only English on School property. I have read and understand all of If purchasing the insurance directly from ILAC, I hereby consent to ILAC to full name, date of birth, country of origin, gender, insurance plan type, polishedule "A"—Release, Waiver, and Indemnity (the "Release")	and that any false or in LAC policies & procedu o releasing my persona	complete res includ I informa	information s ding the Tuitio tion to any thir	t contained in this document. submitted in support of my registration may invalidate my regis n Refund Policy and the Dispute Resolution Policy. (available o d party who applied and/or paid for the services on my behalf.	YYYYY / stration. I agre in ilac.com/po	e to olicies)	/ des, withou	
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