

Student Information

Gender:	<input type="radio"/> M	<input type="radio"/> F	<input type="radio"/> X	Email:	
Last Name*:	*As it appears on passport			Country:	
First Name*:	*As it appears on passport			Address:	
Date of Birth:	YYYY	/	MM	/	DD
Nationality:				City:	
Mother Tongue:				Province:	Postal Code:
Passport #:				Phone Number:	
Are you currently in Canada?	<input type="radio"/> Yes	<input type="radio"/> No		Emergency Contact:	
				Emergency Contact Phone:	
				Campus:	<input type="radio"/> Toronto <input type="radio"/> Vancouver

Agent Information

Agency: _____ Contact Person: _____ Agent Email: _____

Program Information

Camp Length:

4 Weeks 3 Weeks 2 Weeks

Camp Start Date:

June 19 June 26 July 3 July 10 July 17 July 24 3 weeks only. July 31 2 weeks only.

Airport Transfer:

Arrival Date:	YYYY / MM / DD	Flight Information:	
Departure Date:	YYYY / MM / DD	Flight Information:	

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		

Student Consent Form

Please carefully read and sign the [Student Consent Form](#) before arriving at any ILAC accommodation.

Medical Information *Please note: it is mandatory for ILAC students to have medical insurance during their stay in Canada.

Do you have medical insurance*?	<input type="radio"/> Yes <input type="radio"/> No	Policy Number:	
If "No", would you like to book insurance through ILAC?	<input type="radio"/> Yes <input type="radio"/> No	Start Date:	____ / ____ / ____ <small>YYYY MM DD</small>
Do you have any allergies?	<input type="radio"/> Yes <input type="radio"/> No	List Allergies:	End Date: ____ / ____ / ____ <small>YYYY MM DD</small>
Do you have any medical issues?	<input type="radio"/> Yes <input type="radio"/> No	List Medical Issues:	
Do you have any physical disabilities?	<input type="radio"/> Yes <input type="radio"/> No	List Physical Disabilities:	
Do you have any food restrictions?	<input type="radio"/> Yes <input type="radio"/> No	List Food Restrictions:	
Are you allergic to pets?	<input type="radio"/> Yes <input type="radio"/> No	Specify which pet(s):	
Do you smoke?	<input type="radio"/> Yes <input type="radio"/> No		

Applicant Signature: _____

Date: _____
YYYY / MM / DD

This document is important. In accepting it, you are confirming you understand and agree to all English content contained in this document.

I, hereby certify that the above information is true and complete. I understand that any false or incomplete information submitted in support of my registration may invalidate my registration. I agree to speak only English on School property. I have read and understand all of ILAC policies & procedures including the Tuition Refund Policy and the Dispute Resolution Policy. (available on ilac.com/policies) If purchasing the insurance directly from ILAC, I hereby consent to ILAC to releasing my personal information to any third party who applied and/or paid for the services on my behalf. Private information includes, without limitation, full name, date of birth, country of origin, gender, insurance plan type, policy number, policy group, policy ID number, the effective and expiry date of the insurance.

Schedule "A"—Release, Waiver, and Indemnity (the "Release")

To: International Language Academy of Canada Inc. ("ILAC"), its resellers, agents, employees, indemnitors, successors, landlords, accommodation providers and suppliers (collectively, the "Releasees")

- Assumption of Risks.** I understand that the Releasees are offering me the opportunity to participate in activities (collectively, the "Activities"), such as: classroom instruction (on premises and via online delivery), accommodation with host families or in student residences, indoor and outdoor excursions, educational tours, and social events, and airport transfer (from and/or to airport), which involve risks, dangers, and hazards, **including but not limited to: potential exposure to Covid-19, allergic reaction, food borne illness, accidents during any of the Activities, including while during transport/travel, stress, health and medical conditions, and the negligence of participants, third parties, or the Releasees. I freely accept and fully assume all such risks, dangers, and hazards and the possibility of personal injury, death, property damage, and loss resulting therefrom.**
- Waiver and Release.** In consideration of the Releasees agreeing to my participation in the Activities, I waive all claims that I have or may in future have against the Releasees and release them from any and all liability for any loss, damage, expense, or injury, including death, that I may suffer as a result of my participation in the Activities due to any cause whatsoever, including any negligence, breach of contract, or breach of a duty of care, including any failure to take reasonable steps to safeguard or protect me from the risks, dangers, and hazards of participation.
- Miscellaneous.** In executing this Release, I am not relying on any oral or written representations or statements of the Releasees other than as set forth in this document. This Release is effective and binding upon my heirs, successors, assigns, and representatives. Any matters arising from this Release will be governed by the respective provincial laws (British Columbia, or Ontario), and I irrevocably attorn to the jurisdiction of the courts of that Province in such matters.

Applicant Signature: _____

Date: _____
YYYY / MM / DD