Student Information *As it appears on passport

Gender: ○ M ○ F ○ X

Last Name*:

First Name*:

Date of Birth: ___ / ___ / ___
YYYY   MM   DD

Nationality:

Mother Tongue:

Passport #:

Campus Location: ○ Vancouver ○ Toronto

Phone Number:

Student Email:

Country:

Address:

City:

Province: _____ Postal Code:

Emergency Contact Name:

Emergency Contact Phone:

Emergency Contact Email:

Emergency Contact Relationship:

Are you currently in Canada? ○ Yes ○ No

Address: (in Canada)

City: _____ Province: _____ Postal Code:

Phone: (in Canada)

If yes, you must submit your Study Permit OR your Canadian visa (TRV or eTA) with your flight details showing your date of arrival in Canada. This is required for the school to complete your registration

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Agent Information

Agency: _____ Contact Person: _____ Agent Email:

Program Information

Camp Length:

○ 4 Weeks ○ 3 Weeks ○ 2 Weeks

Camp Start Date:

○ June 30 ○ July 7 ○ July 14 ○ July 21 ○ July 28 ○ Aug 4 ○ Aug 11 ○ Aug 18

Airport Transfer:

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

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

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		

Code of Conduct for Minors

Please carefully read the **Code of Conduct for Minors** before arriving at any ILAC accommodation.

Medical Information

ILAC Essential Health Care is included for the duration of your course (from arrival date in Canada). Concierge Health Care Membership starts on date of departure. Insurance benefits are provided by guard.me International Insurance and underwritten by Old Republic Insurance Company of Canada.

Would you like to purchase a Concierge Health Care Membership?   ◯ Yes   ◯ No

Length of membership: Start Date: __ / __ / __   End Date: __ / __ / __
                                            YYYY MM DD   YYYY MM DD

Do you have any allergies?	◯ Yes ◯ No	List Allergies:	
Do you have any medical issues?	◯ Yes ◯ No	List Medical Issues:	
Do you have any physical disabilities?	◯ Yes ◯ No	List Physical Disabilities:	
Do you have any food restrictions?	◯ Yes ◯ No	List Food Restrictions:	
Are you allergic to pets?	◯ Yes ◯ No	Specify which pet(s):	
Do you smoke?	◯ Yes ◯ No	List any other issues:	

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). All students must sign an enrolment contract prior to program start date, including signature of parent or legal guardian for minors. 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")

1. 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.**

2. 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.

3. 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.

Parent Signature:

_____

Applicant Signature:

_____

Date:
YYYY   MM   DD
___ / ___ / ___