

Student _____

Adult Participant _____

Group Leader _____

BACKGROUND Information
(legal full name required)

Last name

First name

Middle name

Birthdate (M/D/Y)

Gender

M F

Address

City

Prov

Postal Code

Home Tel:

() -

New International Travel Laws require that all travellers provide next of kin information:

Father's full name

Father contact number (Cell or Work) < Circle

() -

Mother's full name

Mother contact number (Cell or Work) < Circle

() -

If applicable, you may wish to complete the following:

Alternate Contact Name

Alternate contact number (Cell or Work) < Circle

() -

Health Questions (To be answered by a parent or legal guardian, for students only)

1. Does the applicant have any chronic condition such as diabetes, enuresis, serious allergies...? No Yes
2. Does the applicant have any physical handicap? No Yes
3. Has the applicant ever had major surgery, a serious accident or serious illness?
 (If so, indicate date and nature on the lines below.) No Yes
4. Does he/she have any psychological, nervous or eating disorders? No Yes
5. Will the applicant be taking any medication or treatment during his/her stay?
 (If so, indicate what kind, how often, and for what reason on the lines below.) No Yes
6. Are any activities or sports discouraged for medical reasons? No Yes
7. What is the date of the applicant's last tetanus booster? _____

If you answered yes to any of the above questions, please give further explanation:

Dietary Requirements

8. Is he/she on a restricted diet for health or religious reasons? No Yes
9. Does he/she have any other dietary requirements of which we should be made aware? No Yes

If yes, please describe any special dietary requirements:

Release

Being a parent or legal guardian of the applicant, I declare that the information on the opposite side of this page is correct and that nothing has been omitted. I hereby authorize Nacel, located at 8925-82 Avenue, # 208, in Edmonton, AB T6C 0Z2 and their representatives, to make on our behalf any decisions concerning medical, dental, or surgical treatment required by the applicant during his/her travel. This document shall be presented to a physician, dentist, or appropriate hospital representative when necessary.

Commitment

We are committed to this opportunity and agree to pay a **\$100.00 non-refundable initial deposit** by **September 18, 2017**. We understand that fees for the Quebec Trip will be processed through the **Parent Portal in PowerSchool**. Cheques will be accepted at the office if they are made payable to **OLPH School Parent Association**. . No tickets or official travel documents will be issued until payment is made in full. Nacel Canada HSP reserves the right to cancel a participant's place on the tour if any unpaid balances remain at 30 days prior to departure.

We agree to deposit:

- \$1200.00 by December 31, 2017
- \$ 800.00 by February 27, 2018
- Final Reconciliation by March 15, 2018

All cancellations must be received in writing. The date of postmark will be considered the date of cancellation. For all cancellations, the initial deposit is non-refundable.

After December 31, 2017, the following schedule applies for cancellation refunds:

More than 30 days before departure

- \$600.00 = 50% of the December 31st fee
- \$800.00 = the February 27, 2018
- Final Reconciliation Fee

Total of refund: \$1400.00 + Reconciliation Fee

15 to 30 days before departure

- \$800.00 = the February 27, 2018
- Final Reconciliation Fee

Total of refund: \$800.00 + Reconciliation Fee

0-14 days before departure

- No money will be refunded

Total of refund: \$ 0

OPTIONAL CANCELLATION INSURANCE

It is possible for all participants to protect themselves from unforeseen circumstances by taking advantage of Nacel's cancellation insurance plan. Under the term of the insurance, the individual participant will receive a full refund (less the premium paid for the insurance and the \$100.00 initial deposit) should they be forced to cancel at any time prior to departure due to serious injury, sickness or death, either personal or of an immediate family member. It also covers the cost of the unused portion of the tour (as deemed by Nacel) should a participant be compelled to return home due to the same circumstances.

Premium = Cost of the program x 0.035% (rounded up to the nearest dollar) = will be approximately **\$75.00**

Nacel's cancellation insurance must be purchased at the same time as the second payment of Dec 31st, 2017. The payment for the Cancellation insurance should be made payable directly to CLC Inc. by cheque or money order. No Credit /Debit Card will be used

We understand and agree to the terms of this application as outlined above.

Participant's signature
(if participant is under
18 years of age)

Parent's signature

Date of application