



Nacel Canada HSP/CLC Inc. Participant Application

OLPH VOYAGE 21-27 Mai, 2017

Student

Adult participant

Group Leader

BACKGROUND (legal full name required)

Last Name _____

First Name _____ Middle _____

Birth date (M/D/Y) ____/____/____ Gender _____

Citizenship _____

Address _____

City _____

Prov _____ Postal Code _____

Home Telephone (_____) _____

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

PARENTS OR LEGAL GUARDIANS

Father's Name _____

Father's Business Tel. (_____) _____

Mother's Name _____

Mother's Business Tel. (_____) _____

If applicable, you may wish to complete the following:

Alternate Contact Name _____

Alternate Telephone (_____) _____

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? _____ No Yes

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 have paid a \$100.00 non refundable initial deposit to OLPH School. We also understand that 3 post dated cheques in the amount of \$600 will be required to be handed into and made payable to OLPH School Parent Association on November 1st. First cheque to be dated November 1st, 2016 and the other 2 to be dated for December 1st, 2016 and January 1st, 2017 with the remaining balance to be paid on February 1st, 2017. 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.

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 the second payment due date, the following schedule applies for cancellation refunds:

- More than 30 days before departure - all money will be refunded except for the Initial deposit and 50% of the second payment.
- 15 to 30 days before departure - all money will be refunded except for the Initial deposit and the second payment.
- 0-14 days before departure - no money will be refunded.

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 (1999.25) x 0.035% (rounded up to the nearest dollar) = **\$70.00**

Nacel's cancellation insurance must be purchased at the same time as the second payment . The payment for the Cancellation insurance should be made payable directly to CLC Inc. by cheque or money order.

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

Participant’s signature

Parent’s signature
*(if participant is under
18 years of age)*

Date of application