

Please send all applications to our International Admissions:
info@solcamps.com



▶ 1. COURSE LOCATION (Please Mark Desired Campus With An 'X')

New York

Boston

Miami

▶ 2. PERSONAL DETAILS

First Name(s):

Surname (Family Name):

Gender: M F

Date of Birth (dd/mm/yyyy):

Nationality:

Passport Number:

(Also attach a copy of the pages in your passport showing your photograph and passport number)

Allergies or Special Requirements:

▶ 3. PARENT / GUARDIAN CONTACT DETAILS

Contact Name:

Agent (If Applicable):

Telephone:

Email:

▶ 4. COURSE DETAILS (Start Dates 2016)

New York: Overnight program (Sunday Start): June 26, July 3, 10, 17, 24 Day program (Monday Start): June 27, July 4, 11, 18, 25

Boston: Overnight program (Sunday Start): July 10, 17, 24, 31, August 7 Day program (Monday Start): July 11, 18, 25, August 1, 8

Miami: Day program (Monday Start): June 20, 27, July 4, 11, 18, 25, August 1, 8

Miami: Winter dates: December 12, 19, 26 (2016), January 2, 9, 16, 23, 30 (2017)

Start Date:

Number of Weeks:

▶ 5. AIRPORT TRANSFER DETAILS (Please note all flights must be on a Sunday)

Do You Require A Transfer?

Yes:

No:

Do You Require Unaccompanied Minor Service?

Yes:

No:

Flight To USA

Date: _____

Arrival Time: _____

Flying From: _____

Flight Number: _____

Airline: _____

Flying To: _____

Flight From USA

Date: _____

Departure Time: _____

Flying From: _____

Flight Number: _____

Airline: _____

Flying To: _____

6. METHOD OF PAYMENT

Bank Transfer

Bank Details will be sent with Offer Letter

Credit Card Visa: Mastercard:

Name of Card Holder: _____

Credit Card Number: _____

Expiration Date: _____

Security Code: _____

Amount To Be Charged: \$ _____

7. DECLARATION AND SIGNATURE (For Parents)

Do you agree with the Sol Camps Terms and Conditions detailed below.

Parental signature _____

Date: _____

RESPONSIBILITY AND LIABILITY WAIVER FOR OHC USA – Junior Programs

I, _____, am the parent or legal guardian of the student named _____ and hereby understand, acknowledge and agree to the following:

1. AGREEMENT OF PARTICIPATION

- 1.1 He/she will follow the rules as explained by OHC USA.
- 1.2 He/she will take reasonable care of others and him/herself at OHC USA and will not take any unreasonable risks that might endanger his/her, or another's health or life.
- 1.3 I will advise OHC immediately if he/she is unable to attend, or to continue to attend any part of the programs and/or activities at OHC USA.
- 1.4 I have read the Summer Camp pre-course letter to parents. I understand and agree to the information written therein and give OHC USA permission to impose the regulations as described therein to my children.

2. ASSUMPTION OF RISKS

- 2.1 I understand he/she will be in unfamiliar surroundings and will be exposed to risks to his/her person and possessions.
- 2.2 I understand that some activities are physical and that he/she may suffer physical injury, sickness or death or damage to his/her property as a result of his/her participation in the programs and/or activities organized by OHC and/or its employees.
- 2.3 I understand that certain programs/activities at OHC involves the use of facilities and services provided by third parties and which are out of the control of OHC.
- 2.4 We (both I and my child/ward) freely and voluntarily accept and assume all such risks, dangers and hazards and understand that OHC, despite its efforts, may not be able to ensure his/her complete safety at all times.

3. ASSUMPTION OF RESPONSIBILITY

- 3.1 He/she is medically fit and does not suffer any disabilities, physical limitations, or physical, emotional or psychological conditions, other than those disclosed on the OHC enrolment application and/or OHC health declaration.
- 3.2 I understand that some of the OHC activities offered are sporting activities and/or activities which require a certain degree of skill and physical fitness and that participating in such activities exposes him/her to certain risks of accident or injury.
- 3.3 I understand that medical insurance is required for the duration of my enrolment at OHC and I will purchase and maintain medical insurance coverage throughout the duration of his/her enrolment at OHC either through OHC or my/his/her own insurance provider.

4. LIABILITY WAIVER

- 4.1 I release and hold harmless OHC, its employees, students, agents and representatives from any and all liability for any loss, damage, injury or expense that he/she or his/her heirs, next of kin, executors, administrators, families or representatives may suffer as a result of my participation in OHC activities due to any cause, including but not limited to

accidents, negligence, breach of contract, acts of God, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any expenses incurred while participating in the OHC activities.

4.2 I understand this agreement cannot be modified except in writing by OHC and that no oral modification or interpretation shall be valid.

4.3 This Responsibility and Liability Waiver shall be effective and binding upon his/her heirs, next of kin, executors, administrators, families or representatives and assigns in the event of his/her death or incapacity.

5. DAMAGE DEPOSIT

5.1 My son/daughter will submit a \$100 cash damage deposit (or EUR 100) against any damage to the premises that he/she may cause while staying at OHC. This will be returned on check-out if there has been no damage caused. This shall also relate to the replacement of identification card, which costs \$45.

5.2 Damages and losses include but are not limited to; damages to the room furniture and its equipment, damages to the residence, classroom, fitness and cafeteria facilities, to fire or smoke alarms, doors, windows, loss of meal cards, keys, electronic equipment etc.

In the event of any misunderstanding or dispute regarding the interpretation of this Responsibility and Liability Waiver, the laws of the of the specific state (if applicable) shall be applied in determining its meaning and effect.

If the above-named person is under 18 years old, the following must be completed.

I, _____ (Name-please print), parent/legal guardian of

_____ (Student Name – please print)

hereby, on behalf of the Minor and his/her heirs, executors, successors and assigns, agree to the terms of this Responsibility and Liability Waiver.

Signature of parent/guardian Relationship Date

Address and phone number of parent or guardian