

Dear Parent/Guardian,

Thank you for selecting Sol Camps International for your child this summer!! In order to finalise all details for their arrival please can you ensure that you fill out all of the required information on this form to the best of your knowledge and return it to us at the address at the bottom of this form.

*There are three sections – Section A, Section B, and Section C (Terms and Conditions) – **please ensure that you sign and date all sections or the form will have to be returned to you for completion.***

SECTION A

Student Details

| | | |
|--|---|--|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Miss | * Please provide first and family names as they appear on the passport. | |
| First name: * | Family name: * | |
| Nationality: | Date of birth (DD/MM/YYYY): | |
| Passport number: | Date of issue: | |
| Passport expiry date: | Place of issue: | |
| Visa type (if EU, please write EU) | Visa expiry (DD/MM/YYYY): | |
| How did you hear about Oxford House College? | | |

Family Member Details

| | | |
|--|-------------------|---------------------|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms | First name: | Family name: |
| Relationship to student: | | |
| Address: | | |
| Telephone (Main): | Telephone (Work): | Telephone (Mobile): |
| Email (Main): | Email (Work): | |

Family Member 2 / Emergency Contact

| | | |
|--|-------------------|---------------------|
| Title: <input type="checkbox"/> Mr <input type="checkbox"/> Ms | First name: | Family name: |
| Relationship to student: | | |
| Address: | | |
| Telephone (Main): | Telephone (Work): | Telephone (Mobile): |
| Email (Main): | Email (Work): | |

Medical Details

| Vaccination | Date | Condition | No/Yes | Additional information |
|-------------|------|----------------------|--|------------------------|
| Diphtheria | | Asthma | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Tetanus | | Eczema/skin | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Polio | | Hay fever | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Measles | | Bone or joint | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Mumps | | Convulsions/epilepsy | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Rubella | | Migraine/headaches | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Hepatitis A | | Heart condition | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Hepatitis B | | Diabetes | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Hepatitis C | | Allergies | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Meningitis | | Other | | |

Special Requests

Special food requests:

Special religious requests:

Other comments:

Signed by parent/guardian:

Date (DD/MM/YYYY)

Toronto - Head Office
 469 Jarvis Street
 Toronto, Ontario, M4Y 2G8, Canada
 Tel: +1-416-322-3405

Calgary
 1212 - 1st Street SE, Unit 116
 Calgary, Alberta, T2G 2H8, Canada
 Tel: +1-403-233-0033

Vancouver
 322 Water Street, Unit 100
 Vancouver, BC, V6B 1B6, Canada
 Tel: +1-604-647-1011

SECTION B

Parent / Guardian Declaration

To Whom It May Concern,

This is to confirm that I agree to my son/daughter following a course of study with Sol Camps International, the details of which are set out in this form:

Student Details

| | |
|---------------------------------|------------------------------------|
| First name: * | Family name: * |
| Gender: | Nationality: |
| Country Travelling From: | Date of birth (DD/MM/YYYY): |

* Please provide first and family names as they appear on the passport.

Course Details

| | |
|--|------------------------|
| Course title: Sol Camps International | |
| Arrival Date: | Departure Date: |

If you do not agree with one or more of the conditions below, please inform us in writing at least 2 weeks before the start of the course.

| |
|--|
| <input type="checkbox"/> My child may if necessary receive emergency medical or dental treatment if a specialist should deem this necessary. |
| <input type="checkbox"/> My child may participate in all aspects of the course including swimming and other activities. |
| <input type="checkbox"/> I give permission for my child to attend the organised excursion programme. |
| <input type="checkbox"/> I give permission for my child to appear in photographs of students attending Junior Summer Courses. I understand that these photographs may be used in brochures or other publicity materials. |
| <input type="checkbox"/> All booking details are correct. I have read and accept the Booking Conditions (page 4). |

My son/daughter will be accommodated at the school for the duration of the course. If you require more information please do not hesitate to contact:

For & on behalf of Sol Camps International / OHC

Main School: 469 Jarvis Street

TEL: +1 416 322 3405

MOB: +1 647 995 2068 **(24hour contact number)**

EMAIL: partners@solcamps.com

Signed by parent/guardian: _____

Date (DD/MM/YYYY): _____

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SECTION C

Sol Camps Canada Terms and Conditions

1. Payment of Fees

All students must have paid in full at least 30 days before arrival. Tuition, accommodation or airport transfer details will not be confirmed until all fees have been paid in full.

2. Insurance

Every student has the emergency medical insurance as Sol Camps Canada includes the Global Guard Insurance Plan (www.guard.me) in the package fee.

3. Registration Fee

The registration fee is included in the package fee for all Sol Camps Canada students.

4. Cancellation and Refund Policy

4.1 All cancellation requests must be received in writing.

4.2 For cancellation requests received before the first day of class, or for students who never attend their course (no show), students will be charged the non-refundable registration and accommodation arrangement fees, plus the fees related to any services (such as couriers or insurance) that have already been provided by that date, the sum of which is not to exceed \$500. In addition, students may be liable for fees connected with accommodation cancellation (see section 5 for accommodation cancellation and refund information).

4.3 For requests received on the first day of class, no refunds will apply to the termination of courses that are 4 weeks or less.

4.4 For requests received within the first 4 weeks of class, students terminating courses that are longer than four weeks will receive a refund for all tuition fees excluding any fees related to the first four weeks.

4.4.1 Students must send Sol Camps Canada any termination request in writing and before, or at the mid-point of their course, in order to receive a pro-rated refund amount of their tuition (this excludes refunds for the first 4 weeks of tuition).

4.4.2 Pro-rated refund amount is calculated from the following Monday of last week that class was attended (and excludes any refund for the first 4 weeks).

4.5 No refunds apply for courses cancelled after the mid-point.

4.6 Pro-rated refunds will be calculated on a weekly basis. Sol Camps Canada considers attendance of a partial week to be the same as attendance for a whole week.

4.7 Sol Camps Canada will make all refunds within 45 days of receipt of both written refund request and the bank account or card details needed to be able to process the refund. Sol Camps Canada will only refund the person or agency that made the initial payment.

5. General

Sol Camps Canada reserves the right to terminate without refund the program and accommodation of any student whose conduct is clearly inappropriate, or breaks the program rules.

6. Approval to Use Photos & Printed Material

By participating in the program, I understand that Sol Camps Canada may take my child's photograph, video, or ask for written statements during studies which may be used for promotional or marketing purposes in the future. I grant Sol Camps Canada and its affiliates the world-wide right to use my child's first/given name, country of origin, photograph, video and written statements for any commercial use. Initial here if you do not wish to grant permission to Sol Camps Canada

7. Loss/Damage

Sol Camps Canada is not responsible for the loss or damage of any personal belongings brought onto the premises or into accommodation; students are encouraged to have sufficient insurance coverage in the event of loss or damage and to ensure the safe-keeping of their belongings at all times. This includes use of the laundry service.

8. Force Majeure

Sol Camps Canada is not liable in the event they are unable to fulfill any obligation to which it is contractually bound because of fire, natural disaster, acts of governments, failure of suppliers or subcontractors, labour disputes or other reasons outside our control. Provision by Sol Camps Canada of the services outlined in this document and other promotional material, is dependent on receipt of a completed liability disclaimer form, health information sheet and the student's acceptance of the various rules imposed by Sol Camps Canada. Any complaints against any aspect of the services provided by Sol Camps Canada should be addressed in the first instance to the local representative on site. In the event that the matter is not resolved, the client or his agent should make an immediate complaint in writing to the Sol Camps Canada head office. All complaints will be investigated by the school and may be subject to an appropriate refund provided that the complaint is deemed to be valid, the complaint is received within one month of the end of the course and that all fees and costs associated with the booking had been settled in full as laid out in the details above.

1. I have read and understood the Terms and Conditions outlined and the Cancellation/Refund Policy.

2. I have read and understood the Sol Camps Canada price lists and hereby affirm that I have sufficient funds to pay for all tuition costs, accommodation and all other personal expenses during the full period of my child's course at Sol Camps Canada.

3. I authorize Sol Camps Canada to take appropriate action in the event of any medical emergency and I understand that I am responsible for all medical bills incurred.

4. I certify that the information provided in this enrollment form is accurate and complete.

Signature of Parent/Guardian:

Date: _____

Print name of Parent/Guardian (First, Last):

Signature of school agent:

Date: _____

Agent Name in print:

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