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Year-Round Young Adult Programs (Ages 16 to 18)

Student Information

*As it appears on passport

Last Name*:

First Name*:

Gender: ◯ M ◯ F ◯ X:

Chosen Name: (if X was chosen above)

Date of Birth: YYYY / MM / DD

Nationality:

Mother Tongue:

Passport #:

Email:

Country:

Address: (Home country)

City:

Province: Postal Code:

Phone Number: (Home country)

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

Agent Information

Agency: Contact Person: Agent Email:

Program Information

Program Intensity: ◯ Morning *(30 lessons/week)*

Start Date: YYYY / MM / DD

Weeks of study:

Campus: ◯ Toronto ◯ Vancouver

Course Focus: you have the option to change this course every second week.

◯ General English
◯ Cambridge English (FCE, CAE, CPE)
◯ IELTS Preparation
◯ University Pathway Program

Pathway College Information

Only complete this section if you selected "University Pathway Program" as your Course Focus.

College/University name: ☐ Undecided

Program name: ☐ Undecided

I have applied to a college: ◯ Yes ◯ No Start Date: YYYY / MM / DD

I will use the ILAC Pathway service to get a conditional LOA from a college or university: ◯ Yes ◯ No

The agency is doing the application process directly with the college/university: ◯ Yes ◯ No

Will you be participating in the Joint Pathway Program (JPP)? ◯ Yes ◯ No

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Year-Round Young Adult Programs (Ages 16 to 18)

Accommodation

○ Single Homestay ○ Twin Homestay* (upon request)

Length in weeks: _____ Special Requests or Preferences: _____

ILAC will do its best to accommodate your requests, however, due to availability ILAC cannot guarantee that your request will be granted.

Cancellation and late notice handling fees: If a guest needs to cancel their stay BEFORE the check-in date, please advise ILAC in writing as soon as possible. The timing of when ILAC receives the written notice determines if/what penalties may occur. *Accommodation placement fee is non-refundable once placement letter has been issued. For more, read our homestay policies.

Code of Conduct for Minors

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

Airport Transfer:

Arrival Date: ____/____/____ (YYYY / MM / DD) Flight Information: _____ Airport Pick-up: ○ Yes ○ No

Departure Date: ____/____/____ (YYYY / MM / DD) Flight Information: _____ Airport Drop-off: ○ Yes ○ No

If 'No Airport Pick-Up/Drop-Off' is selected, see the disclaimer on next page.

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		

Do you require a custodian declaration? ○ Yes ○ No

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: ____/____/____ (YYYY MM DD) End Date: ____/____/____ (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

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Year-Round Young Adult Programs (Ages 16 to 18)

TRANSPORTATION DISCLOSURE FOR MINOR STUDENTS

By choosing not to use ILAC's pick-up or drop-off service, the parent or legal guardian understands and agrees that:

- The student will travel independently between ILAC and any accommodation or location chosen by the parent/guardian, including but not limited to their homestay, hotel, family friends' home, other program locations, the airport, or any other accommodation.
- ILAC is not responsible or liable for the student's safety, supervision, or any incidents that may occur during travel.
- The parent or guardian is fully responsible for arranging safe and appropriate transportation for the student.

By submitting this form, the parent or guardian confirms they accept these conditions.

TRAVEL & TRIP RISK ACKNOWLEDGEMENT/LIABILITY WAIVER – ILAC YOUNG ADULT PROGRAM

- I, give my consent for my son/daughter to participate in ILAC Young Adult Program field trips and activities operated by partner companies during his/her stay in Canada.
- I understand that participation in field trips and the activities they entail could involve risk of physical injury, illness, death or property loss, and that while taking all necessary safety precautions, ILAC cannot guarantee safety thereof, as all risks cannot be prevented.
- I understand that ILAC does not provide health and accident insurance for field trips outside of Canada, or any insurance beyond those provided under the ILAC Health Care Plan where said plan applies, and I understand that any medical expenses, property loss, and/or other personal expenditures that result during or from this trip, are to be borne by the parent or guardian.
- In consideration of the opportunity afforded, with full knowledge and acceptance of the risks associated with field trip and any recreational activities those entail, and with full understanding of the above issues/conditions and risks, I hereby release, indemnify and hold harmless ILAC, the International Language Academy of Canada Toronto/Vancouver, and its faculty/staff, trustees, officers, volunteers, and agents from all forms and manners of risks inherent in, and from all claims, suits and demands of any nature arising from participation in said trip, or activities.

Parent Signature: _____ **Date:** YYYY / MM / DD

Applicant Signature: _____

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). I understand that it is my responsibility to maintain valid status in Canada (visitor or study permit) for all short-term studies under 24 weeks at ILAC, and that I will comply with all IRCC conditions. 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. I understand I am responsible to bring my own device to class to facilitate learning where necessary.

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 and/or any respiratory virus, 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: _____ **Date:** YYYY / MM / DD

Applicant Signature: _____