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

2021

Student Information

Gender: ○ M ○ F ○ X

Last Name*: *As it appears on passport

First Name*: *As it appears on passport

Date of Birth: YYYY / MM / DD

Nationality:

Mother Tongue:

Passport #:

Are you currently in Canada? ○ Yes ○ No

Email:

Country:

Address:

City:

Province: Postal Code:

Phone Number:

Emergency Contact:

Emergency Contact Phone:

Agent Information

Agency: Contact Person: Agent Email:

Program Information

Program Intensity: ○ Intensive English *(30 lessons/week)* ○ Power English *(38 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)
- ○ Business English
- ○ TOEFL Preparation
- ○ IELTS Preparation
- ○ University Pathway Program

Other:

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

Student Consent Form

Please carefully read and sign the **Student Consent Form** before arriving at any ILAC accommodation.

Airport Transfer:

Pick-up and Drop-off services are mandatory for young adult students.

Accommodation (14-day Self-Quarantine)

○ Single Homestay

Length in weeks:

Specify Residence:

Residences are available upon request, please email residences@ilac.com

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.

Continue on the next page

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

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Accommodation (Post-Quarantine)

○ Single Homestay ○ Twin Homestay* (upon request)

Length in weeks: _____

Specify Residence: _____

Residences are available upon request, please email residences@ilac.com

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.

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 *Please note: it is mandatory for ILAC students to have medical insurance during their stay in Canada.

Do you have medical insurance*?	○ Yes	○ No	Policy Number: _____
If "No", would you like to book insurance through ILAC?	○ Yes	○ No	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	

Applicant Signature: _____

Date: YYYY/MM/DD

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) If purchasing the insurance directly from ILAC, 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.

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, 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.

Applicant Signature: _____

Date: YYYY/MM/DD