

Student Name: ……………………………….. First name: ……………………………...

Date of Birth: …../……/…… Age: ………………………………………

Gender: ……………………………... T-shirt size (S/M/L/XL): …………………

Student’s parent/guardian name(s): ………………………………..

Level of English proficiency (B1 – B2 level): .………………………………………..

**TRAVEL INFORMATION**

This information is important for the Enjoy Life Leadership Academy and/or host families to know and to organize pick up/drop off at the airport.

Outward travel

Arrival Date: ...../……/…… Arrival time at Boston Logan airport: ………………

Flight number: ………………

Return travel

Departure date: …../……/……

Departure Flight number: ……………… Departure time at Boston Logan airport: ………….

**EMERGENCY CONTACT**

Please give the name and address of two parents, relatives or guardians who can be contacted immediately in the event of an emergency while your child is in the USA.

Name: …………………………………….. Name: ………………………………………

Address: ………………………………….. Address: ……………………………………

……………………………………………….. …………………………………………………

Relationship to student: …………………… Relationship to student: ……………………

Day Tel: …………………………………… Day Tel: ………………………………………

Evening Tel: ………………………………… Evening Tel: …………………………………

Mobile N°: …………………………………… Mobile N°: ……………………………………

E-mail: ……………………………………… E-mail: ……………………………………..

**MEDICAL INFORMATION**

Please state whether your child is subject to any condition requiring regular treatment, or which is likely to make medical treatment necessary whilst in the USA: 🞏 Yes / 🞏 No

Details: …………………………………………………………………………………………………………

…………………………………………………………………………………………………………………..

Will your child be bringing any prescribed medication that should be handed by the host family?

🞏 Yes / 🞏 No

Has your child been vaccinated against tetanus? 🞏 Yes / 🞏 No

Date of last booster: …../……/……

Please detail Dietary restrictions:

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

Please detail any allergies:

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

**Authorization for Medical Treatment**

I agree that, if required, medical treatment or hospitalization may be admistrated to my child by either a qualified nurse or first aider.

I also agree to medical and dental treatment being given to my child if required, including the administration of a general anaesthetic and to surgical operations in case of emergency, in accordance with the recommendations of a qualified medical practitioner.

Place: ………………………… Date: …../……/……

Signature of Parent/legal Guardian: ……………………………………………………………………….

**MISCELLANEOUS**

Please detail any other special accommodations/requests:

…………………………………………………………………………………………………………………..

Does the student have a preference of what family/American student they are matched with? (ex: female French student and female American student, or a family that can speak some French):

…………………………………………………………………………………………………………………..

Any other questions or concerns the student and/or their family might have about this process:

…………………………………………………………………………………………………………………..

…………………………………………………………………………………………………………………..

Place: …………………………… Date: …../……/……

Signature of Parent/legal Guardian: ………………………………………………………………………

**PROGRAM RULES & STANDARDS OF CONDUCT**

Below are the Program Rules & Standards of Conduct concerning students participating in the 2016 Boston Summer Camp of THE ENJOY LIFE LEADERSHIP ACADEMY

• STUDENTS MUST ABIDE BY THE LAWS OF THE UNITED STATES OF AMERICA.

• STUDENTS MUST ONLY USE DRUGS PRESCRIBED BY THEIR DOCTOR (including all hallucinogen drugs).

• STUDENTS ARE NOT PERMITTED TO DRINK ALCOHOLIC BEVERAGES.

• STUDENTS ARE NOT PERMITTED TO DRIVE ANY MOTOR VEHICLE.

• STUDENTS MUST NOT PARTICIPATE IN ANY SEXUAL CONTACT OR ACTIVITY.

Any infraction of the above will result in immediate dismissal from the program and return home at their parents’ expense.

• STUDENTS MUST ALWAYS BE AWARE OF THEIR RESPONSIBILITY AS EXCHANGE STUDENTS AND MAKE A DETERMINED EFFORT IN THEIR AMERICAN FAMILY AND LOCAL COMMUNITY.

• STUDENTS MUST ATTEND SUMMER CAMP DAILY WHEN IN SESSION.

• STUDENTS ARE NOT PERMITTED TO GET ANY PIERCINGS, EARRINGS OR TATTOOS DURING THEIR STAY, WITHOUT THEIR PARENTS CONSENT.

• STUDENTS ARE NOT PERMITTED TO PARTICIPATE IN PARACHUTE JUMPING, BUNGEE JUMPING OR ANY OTHER DANGEROUS ACTIVITIES.

• STUDENTS MUST OBEY THEIR AMERICAN FAMILY RULES AND MUST VOLUNTARILY HELP WITH HOUSEHOLD CHORES.

• STUDENTS MUST SHOW RESPECT FOR THEIR AMERICAN FAMILIES AND ACT AS A MEMBER OF THE FAMILY.

• STUDENTS CANNOT CHANGE FAMILIES AT WILL.

• STUDENTS ARE NOT PERMITTED TO GO ON TRIPS BY THEMSELVES WITHOUT THE PRIOR APPROVAL OF THE ENJOY LIFE LEADERSHIP ACADEMY COORDINATORS OR FROM THEIR AMERICAN FAMILY.

• STUDENTS MUST RESPECT AND ABIDE BY DIRECTIONS FROM CHAPERONES AND THE ENJOY LIFE LEADERSHIP ACADEMY COORDINATORS.

• STUDENTS SHOULD ADOPT AT ALL TIMES AN APPROPRIATE BEHAVIOUR, IN ACCORDANCE WITH THEIR HOST COUNTRY’S CULTURE.

• STUDENTS MUST SHOW THEIR RESPECT FOR THE MEMBERS OF THE ENJOY LIFE LEADERSHIP ACADEMY.

• NO STUDENT MAY ENTER INTO ANY CONTRACTUAL AGREEMENTS, BE IT BUSINESS, MARITAL OR RELIGIOUS.

Any continuous failure to abide by the above rules may result in dismissal from the program and return home at the parents’ expense.

Students and parents should understand that, by following the above advice, the students’ integration in the Boston Summer Camp, their American family and USA is enhanced. Please remember that THE ENJOY LIFE LEADERSHIP ACADEMY offers a homestay and leadership overnight camp experience, not a tour.

AGREEMENT TO ABIDE BY THE ENJOY LIFE LEADERSHIP ACADEMY PROGRAM RULES AND STANDARDS OF CONDUCT

We have read and understand all of the above stated in the THE ENJOY LIFE LEADERSHIP ACADEMY American Program Rules and Standards of Conduct.

1. I, the student, agree to obey the Program Rules and Standards of Conduct and all conditions of participation.

2. We, the parents, agree that our son/daughter will obey the Rules and Standards of Conduct. We understand that violation of these Program Rules and Standards of Conduct may lead to disciplinary action and possible termination from the THE ENJOY LIFE LEADERSHIP ACADEMY American program with return to home country at our expense and no refund of program fees.

3. We, the undersigned (student and parents/legal guardians), certify that all the information in the application is correct and complete, including special dietary needs, medical and inoculation history. We understand that withholding information and/or providing incorrect information is grounds for possible termination from the Program and repatriation at the parent’s expense with no refund of program fees.

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| --- | --- | --- | --- | --- |
| Signature of father/legal guardian |  | Print father/guardian’s full name |  | Date |
|  |  |  |  |  |
| Signature of mother/legal guardian |  | Print mother/guardian’s full name |  | Date |
|  |  |  |  |  |
| Signature of student |  | Print student’s full name |  | Date |
|  |  |  |  |  |