

# D.L.B ACADEMY OF SPORT AND RECREATION

Giving you a head start in life's adventures

For more information call: (866) 724-5125  
Situated 20 minutes from North Bay, ON  
250 Clarke St. Powassan, ON P0H 1Z0

## English Program Application

Program Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ I Will require Transportation YES \_\_\_\_ NO \_\_\_\_

*Welcome to the D.L.B Extensive English Program. Please read all the information in this application before you are to complete it. If you require assistance, do not hesitate to call.*

### Participant information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

M \_\_\_\_ F \_\_\_\_ School: \_\_\_\_\_ D.O.B (M/D/Y): \_\_\_\_\_

Medical Insurance: \_\_\_\_\_

Provincial Health Card Number: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

### Medical Information:

Yes

No

Does the Participant have life threatening allergies?

\_\_\_\_

\_\_\_\_

Does the Participant require an Epi-Pen?

\_\_\_\_

\_\_\_\_

Is the Participant presently taking any medication(s)  
*If yes, list medication(s):*

\_\_\_\_

\_\_\_\_

Do you anticipate the Participant requiring the above mentioned medication during the program?

\_\_\_\_

\_\_\_\_

Does the Participant have any nagging injuries:  
*If yes, please specify:*

\_\_\_\_

\_\_\_\_

If there is anything else we need to know about the Participant, please specify in the space provided below:

Program T-Shirt Size: XS \_\_\_\_ S \_\_\_\_ M \_\_\_\_ L \_\_\_\_ XL \_\_\_\_

## Family Information:

Parent(s) \_\_\_\_ Guardian(s) \_\_\_\_

### Father:

Salutation: Mr. \_\_\_ Dr. \_\_\_ Other \_\_\_  
Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Home Number: ( ) \_\_\_\_\_  
Bus #: ( ) \_\_\_\_\_  
Cell #: ( ) \_\_\_\_\_  
Pager #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Mother:

Salutation: Ms. \_\_\_ Mrs. \_\_\_ Dr. \_\_\_ Other \_\_\_  
Last name: \_\_\_\_\_  
First name: \_\_\_\_\_  
Home Number: ( ) \_\_\_\_\_  
Bus #: ( ) \_\_\_\_\_  
Cell #: ( ) \_\_\_\_\_  
Pager #: ( ) \_\_\_\_\_  
Fax #: ( ) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

### Mailing Address:

Family \_\_\_ Father \_\_\_ Mother \_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_  
Country: \_\_\_\_\_  
Postal Code: \_\_\_\_\_

### Emergency Contact: *(if above cannot be reached)*

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone ☎ ) \_\_\_\_\_

## Payment Information:

**Full payment for program is \$2400.00 per session.**

**1. Please see the next page for program fees.**

**2. All fees are payable in Canadian Funds.**

**3. Forms of payment that are accepted: Cash, Money order, VISA or MasterCard**

**Deposit: *This application must be accompanied by a \$500.00 deposit.***

Method of payment: Money Order \_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_

VISA/MasterCard Number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

Signature of Cardholder X \_\_\_\_\_

Name of Cardholder (please print) \_\_\_\_\_

**Balance due: Final payment is due 3 weeks prior to you participants registered date.**

## Conditions of Registration:

I/We agree to participate in all program activities and in any supervised trips to places not on the DLB property. I/We hereby apply for registration for the herein named participant for the program and transportation services indicated in this application. I/We are aware that with every physical activity there is possibility of injury and I/we will not hold the D.L.B Academy responsible for any of these injuries. I/We will pay for any extra costs for damages the participant may have caused.

In consideration of acceptance of this application by D.L.B Academy Extensive English Program, I/we hereby agree:

- a) The D.L.B Academy Sports camp reserves the right to terminate the registration of any participant when it is deemed by the Director to be the best interest of the participant or program. In such an event, it is understood that an appropriate refund will be issued unless the participant is dismissed for infractions of camp's policies in which case, no refund will be issued.
- b) that no verbal registrations can be accepted
- c) that each application must be completed in full and signed by a parent or guardian in the appropriate places
- d) that each application must be accompanied by an appropriate deposit
- e) that final payment will be made 3 weeks prior to my participants registered date or the registration will be withdrawn
- f) that special consideration for refunds submitted in writing will be considered during the month of September
- g) that fee reductions will not be made for participants arriving late, leaving early, or missing part of the program
- h) to ensure that the Participants Health History form is filled out in full and that the completed form, along with any medications, will be sent with the participant or to the DLB Academy before opening day
- i) to give Program officials authority to act on my behalf in the event of an emergency and/or special medical treatment
- j) to pay the costs of any necessary prescription drugs and/or special medical treatment
- k) that I have read the conditions of registration and have enclosed the deposit for each applicant to be applied to the participants account and that the balance including all taxes will be paid 3 weeks prior to participants registered date(s)
- l) the release and indemnify the D.L.B Academy Extensive English Program from any and all claims for losses of articles and damages arising as a result of any accident, injury, loss, or otherwise sustained by the herein named participant arising from participation in any program activities
- m) to consent to the use by the D.L.B Academy Extensive English Program of the Participants likeness for publicity purposes
- n) that the relationship and the resolution of any and all disputed arising from my experiences with the D.L.B Academy Extensive English Program including but not limited to the D.L.B Academy staff, shall be governed by and construed in accordance with the laws of the Province of Ontario and the laws of Canada applicable therein
- o) that the Courts of the Province of Ontario shall have exclusive and preferential jurisdiction to entertain any complaint, demand, claim, proceeding, or cause of action whatsoever arising from my experience with the D.L.B Academy including but no limited to treatment given to me by the D.L.B Academy staff. I hereby agree that if I commence any such legal proceedings, that I will do so only in the Province of Ontario
- p) if I choose to cancel the Participants enrollment in the Program, I will lose 50% of my deposit

Parent or guardian X \_\_\_\_\_ Participant \_\_\_\_\_ date \_\_\_\_\_  
Parent or Guardian(please print) \_\_\_\_\_ Participant(please print) \_\_\_\_\_

**This application must be signed, completed in full and be accompanied by the appropriate fees and/or deposit (Money Order, VISA, MasterCard) before it can be considered for acceptance.**