



EXPLORE 2018 – Program Agreement

Please read the following agreement carefully and then sign in the appropriate place below.

This agreement applies to the **Spring Session** (May 22 to June 22, arriving May 21 - Participants must be **at least 19 years of age**) or **Summer Session** (July 3 to August 3, arriving August 2 - Participants must be **between 16 and 17 years of age**) of the Explore Program offered at Glendon/York University.

The purpose of the Agreement is to ensure a safe environment and a pleasant experience for all participants at Explore, and to ask all participants to help in creating a safe environment by agreeing to the conditions outlined below.

A. Security Deposit Conditions: The Security Deposit Credit Card Form must accompany the signed Acceptance Form or if the participant does not have a credit card, please attach a certified cheque or money order for \$100 made out to York University.

1. Any damages, lost property, or unnecessary service costs caused by an Explore participant or his/her guest(s) to the residence, classrooms, facilities and/or property of Glendon/York University through neglect, accident or intent will be charged to the Explore participant(s) involved.
2. Where two Explore participants occupy the same room and responsibility for damage or loss in the room is attributed to both participants, the cost of damage or loss will be divided and assessed equally between the two bursary participants occupying the room.
3. Where damage or loss occurs in the common areas of Glendon/York University (areas outside the residence) and the blame rests on the Explore participants, the cost of damage or loss will be divided and assessed equally among all the Explore participants, or those living on specific floors and deducted from their deposits if the assessed amount is less than \$100 per student. If the amount exceeds \$100, students will be billed for the difference. No delivery of certificate or transfer of files to other universities will be done until **all** moneys are collected.
4. **Security Deposit: The Security Deposit Credit Card Form will be destroyed or a cheque for \$100 will be returned by mail after the end of the program (allow for four to six weeks for processing) providing no damages have occurred. There will be no refund if the student leaves before the end of the program and does not go through the check-out process.**

B. Program Conditions

1. The target language must be used at all times during the Program.
2. All morning classes, workshops, seminars, scheduled socio-cultural activities from the first to the last day of the program must be attended (must have permission to be absent).
3. A Certificate of Program Completion will **not** be given if a participant is absent from scheduled classes or activities without permission and/or if a participant is dismissed from the program.
4. Any one of the following will constitute sufficient cause for immediate dismissal from the Program. **(If dismissed from the Program, participants must leave the campus immediately and return home at their own expense):**
 - a. Deliberately and constantly arriving late for class, workshops, seminars without reason;
 - b. Deliberately and constantly missing morning, afternoon classes, workshops, seminars and/or mandatory activities;
 - c. Refusing to speak the target language, or making no attempt to do so;
 - d. Drinking alcohol on the campus and/or using and/or possessing non-medical drugs;
 - e. Behaving irresponsibly, being disruptive/ uncooperative or harassing any person(s).
5. Participants are responsible for their guests' behaviour at all times while on the Glendon campus.
6. Participants are **not permitted** to have overnight guests in their rooms.
7. Participants are expected to respect the quiet hours established by Glendon Extended Learning: 11:00 p.m. on Sunday to Thursday, and 1:00 a.m. on Friday and Saturday.
8. If you are **under 18**, there is a **CURFEW** that you **must** observe. During the week, you have to be in your room at 11pm, and 1am during the weekend. You must stay in your room after these times. The monitors will do rounds and if you are not observing the curfew, there will be a consequence.

SIGNATURE OF PARTICIPANT: _____ Date: _____

SIGNATURE OF PARENT / GUARDIAN: _____ Date: _____



Glendon Extended Learning
 Glendon/York University



EXPLORE 2018

Acceptance Form

May 22 - June 22 Session (arrive May 21, leave June 22)

July 3 – August 3 Session (arrive July 2, leave August 3)

I am an Explore recipient confirming my participation in

May 22, 2018 - ESL section

May 22, 2018 - FSL section

July 3, 2018 - ESL section

Last name:

First name:

Address:

City:

Province:

Postal code:

Telephone number: ()

Cell Phone: ()

Email:

Social Insurance Number:

Date of Birth: Year

Month

Day

Please initialize each box and sign in the appropriate space below if you are 18 years of age or older. If you are under 18, your parent/guardian must initialize and sign this form.

I am attaching a credit card number for the **non-refundable registration fee** of \$275 and the **Credit Card Payment Form**.

OR

I am attaching a certified cheque or money order made payable to “York University” for the amount of \$375. This amount covers the \$275 **non-refundable registration fee** and \$100 **security deposit** (refundable according to the terms of the Agreement).

I have read, have understood and do agree to abide by the terms of the Glendon Extended Learning Program Agreement while participating in the Explore Program.

I authorize you to give my email address to all Explore participants so that I can share information with them or arrange for traveling together.

Signature of Participant: _____

Signature of parent / guardian: _____

(If participant is less than 18 years of age)

Date: _____



INDIVIDUAL RELEASE AND HOLD-HARMLESS AGREEMENT

I understand that participation in the **EXPLORE** program, hosted by Glendon Extended Learning, both on and off the Glendon Campus of York University, involves a certain degree of risk that could result in injury, death or loss or damage to person or property. After carefully considering the risk involved, I hereby release, hold-harmless and waive all claims associated with the scheduled activities of the Explore Program hosted by Glendon Extended Learning, which I may have against Glendon Extended Learning on Glendon Campus/York University, its employees, directors, agents, and volunteers.

Name of Participant (please print): _____

Signature of Participant: _____

Date: _____

If participant is less than 18 years of age, a parent or guardian must sign this release form.

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

Information de l'étudiant(e) Student Information		
Nom de famille/Last Name	Prénom/First Name	
Sexe/Gender	N.A.S./S.I.N.	
Date de naissance/Birth Date : Année/Year	Mois/Month	Jour/Day
Est-ce que vous avez une assurance-maladie? Do you have health insurance?		
De quel pays/quelle province? If you do, from which country/province ?		
Nom de la compagnie d'assurance : Name of Health Insurance Company:		
Numéro d'assurance maladie: Health Insurance Policy Number :		
Numéro de téléphone pour la ligne d'assistance : What is the customer service phone number :		
Avez-vous une condition particulière (troubles d'apprentissage, handicap physique ou mental, etc.)? Do you have a specific condition (learning disability, physical or mental disability, etc.)?		
Si vous avez besoin d'accommodations, veuillez préciser/If you need any accommodations, please explain : _____		

Avez-vous des problèmes de santé particuliers (p. ex., asthme, épilepsie, problème cardiaque ? Dans l'affirmative, veuillez dresser une liste complète des exigences particulières et/ou des médicaments, y compris la posologie, la fréquence, les effets secondaires, etc. Tout problème de santé doit être mentionné et documenté par votre médecin, puis remis avec votre paquet d'inscription. Do you have any special medical conditions (e.g., asthma, seizures, heart trouble, etc.)? If yes, please provide a complete list of any special requirements/or medications, including dosage, frequency, secondary effects, etc. All medical conditions must be disclosed and documented by your doctor and remitted along with your registration package.		
Veuillez préciser/Explain : _____		

Avez-vous des allergies ? (p. ex., piqûres d'abeilles, latex, médicaments) Si oui, expliquez et présentez un certificat médical. Avez-vous un EpiPen ? Do you have any allergies (e.g., bee stings, latex, drugs, etc.)? If yes, please explain and include a doctor's certificate. Do you carry an EpiPen?		
Veuillez préciser/Explain : _____		

Suivez-vous un régime particulier pour raisons médicales ? Si oui, expliquez et présentez un certificat médical. Toute personne qui doit suivre un régime particulier pour des raisons autres que des allergies alimentaires graves ou un problème de santé reconnu par un médecin devra payer elle-même le coût pour les suppléments alimentaires. Do you require a special diet for medical reasons? If yes, explain and include a doctor's certificate. All persons requiring special diets due to reasons other than severe food allergies or health conditions that are medically documented must cover the costs of meal supplements personally.		
Veuillez préciser/Explain : _____		

Information de parent ou tuteur : Parent or Guardian Information:	
Nom de famille/Last Name	Prénom/First Name
Le lien avec cette personne/Relationship to this person :	Numéro de téléphone (domicile)/Home phone number :
Numéro de téléphone (travail)/Business Phone :	Numéro de télécopieur/Fax number :
Numéro de cellulaire/Cell Phone :	Autres numéros/Other phone numbers :
AUTRES NUMÉROS DE TÉLÉPHONE EN CAS D'URGENCE : ADDITIONAL PHONE NUMBERS IN CASE OF EMERGENCY:	
Nom de famille/Last Name	Prénom/First Name
Le lien avec cette personne/Relationship to this person :	Numéro de téléphone (domicile)/Home phone number :
Numéro de téléphone (travail)/Business Phone :	Numéro de télécopieur/Fax number :
Numéro de cellulaire/Cell Phone :	Autres numéros/Other phone numbers :
Médecin de famille (en cas d'urgence) : Family Doctor (in case of emergency):	
Nom de famille/Last Name	Prénom/First Name
Numéro de téléphone (travail)/Office Phone :	Numéro de télécopieur/Fax :
Numéro de cellulaire/Cell Phone :	Autres numéros/Other phone numbers :
Adresse du bureau/Office Address :	
AUTHORISATION DES PARENTS OU TUTEUR EN CAS D'HOSPITALISATION : AUTHORIZATION OF PARENTS OR GARDIAN IN CASE OF HOSPITALIZATION:	
En cas d'urgence, si je ne peux être joint, j'autorise le médecin choisi par le Directeur du Programme ou son représentant à hospitaliser mon enfant, à lui assurer les soins adéquats et à prescrire, au besoin, des injections, une anesthésie ou à mener une intervention chirurgicale.	In case of emergency and if I cannot be reached, I authorize the doctor chosen by the Director of the Program or her representative to hospitalize my child, provide the appropriate care, anesthesia, injections or to perform surgery accordingly.
_____ Signature de l'étudiant(e)/Student Signature Date :	_____ Signature du parent ou tuteur/Signature of parent or guardian Date :



Leaving Glendon Campus, York University

Parental Authorization

This form must be completed, signed by the parents or legal guardians of all Explore **Participants under 18 years of age** and returned to Glendon Extended Learning with the registration package.

Name of Participant _____
 (First) (Last)

Age: _____ Date of Birth: Year ____ Month ____ Day ____

Most activities in the Explore program are compulsory and supervised; however, some free time has been planned in the schedule.

Please check the appropriate statement:

- We hereby give our son/daughter permission to leave the Glendon Campus/York University during the Explore Program without the supervision of monitors and/or teachers, and thus, waive the management and employees of the Explore Program of all responsibilities while your son/daughter is off campus.
 She/he should be aware of the following rules:
 - **must sign in/out when leaving the campus;**
 - **must observe curfew hours** and
 - **must not leave the campus alone.**

OR

- We do not give our son/daughter permission to leave the Glendon Campus/York University during the Explore Program without the supervision of monitors and/or teachers.

My Relationship to the Explore Participant is as follows:

- Father
- Mother
- Guardian

Parent/Guardian's signature: _____

Parent/Guardian's name: _____

Phone number: _____

Date: _____



Parental Authorisation to remove curfew

I, _____, parent of, _____,
 participant to the Explore Program, _____, authorise my child not to respect the curfew schedule (11pm during the week and 1am on weekends) established by Glendon College, York University.

I am aware that when my child is off campus, I will be responsible, and hence, my child will be under my responsibility, and not under the responsibility of the Explore Program. I am also aware that when my child will go off campus, he or she will need to be with at least two other students, and never alone.

Signature of parent:

Date:

Signature of child:

Date:

Parental Authorisation to leave campus alone

I, _____, parent of, _____,
 participant of the Explore Program, authorise my child to go off campus alone. I will be responsible if anything happens.

Signature of parent:

Date:

Signature of child:

Date:



Credit Card Payment Form

I, _____(please print name) hereby authorize *Extended Learning*, Glendon, York University, to process my credit card for which I accept to give all details mentioned below. Any credit card transaction will be valid only when processed for *Hospitality Glendon*/York University by Glendon Extended Learning during the Explore Program. I understand that this form will be destroyed after the program, providing no costs have incurred to the Explore participant, named below, while participating in the program from _____ to _____, 2018.

Type of Credit Card (VISA or Mastercard only): _____

Credit Card Number: _____

Expiry Date: _____

Name of Card holder: _____

If the **Name on the Card Holder is not the Explore Participant**, please write the name of the Explore participant and relationship to the credit card holder below:

I will accept to pay for the charges incurred as per the Explore Program 2018 Agreement while the Explore Participant attends the 2018 Explore Program and stays on the Glendon Campus/York University in Toronto and uses its facilities.

Date: _____

Signature: _____



GLENDON ATHLETIC CLUB

Explore Student MEMBERSHIP

PRIMARY MEMBER

Please fill out the following information about yourself.

Last Name: _____

First Name: _____

Address: _____

Apt. No: _____

City: _____

Postal Code: _____

Res. Phone: (_____) _____

Bus. Phone: (_____) _____

Date of Birth: M_____/D_____/Y_____

**NOTE: Please present ID to verify date of birth
If Under 18 years old – Parents need to sign waiver & PAR Q**

AGREEMENT AND WAIVER

Please read carefully and sign the agreement below.

- I understand that payment is due in full and that a reactivation fee will be charged if my membership lapses.
- I understand that my athletic membership is non-transferable and non-refundable.
- I have read the regulations of the Glendon Athletic Club outlined in the Membership Regulations brochure.
- I understand that if I do not abide by the regulations, the University may suspend or withdraw my privileges.
- I am using the Glendon Athletic Club facilities, equipment, and participating in exercise programs of my own volition.
- I will not hold York University or its employees responsible for any injuries sustained from the use of the facility.
- By signing this agreement, I adhere to the terms of this contract.

SIGNATURE: _____ **DATE (MM/DD/YY):** _____

*** NOTE: If member is under 18 years of age parents should sign below.**

Parents Name: _____

SIGNATURE: _____ **DATE (MM/DD/YY):** _____

PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR Q)

This area must be completed for each member. An affirmative response will require additional information from you and/or your physician prior to membership approval. Please indicate your response with a circle. (Y = YES / N = NO)

QUESTION	Member
Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?	Y N
Do you feel pain in your chest when you do physical activity?	Y N
In the past month, have you had chest pain when you were not doing physical activity?	Y N
Do you lose your balance because of dizziness or do you ever lose consciousness?	Y N
Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in your physical activity?	Y N

Is your doctor currently prescribing drugs (for example, water pills) for your blood pressure or heart condition?	Y N
Do you know of <u>any other reason</u> why you should not do physical activity?	Y N

Comments: _____

If you Answered YES TO ONE OR MORE QUESTIONS:

Talk with your doctor by phone or in person BEFORE you start becoming much more physically active or BEFORE you have a fitness appraisal. Tell your doctor about the PAR-Q and which questions you answered YES. You may be able to do any activity you want – as long as you start slowly and build up gradually. Or, you may need to restrict your activities to those which are safe for you. Talk to your doctor about the kinds of activities you wish to participate in and follow his/her advice. Find out which programs are safe and helpful for you.

Signatures are required by the following member:

PRIMARY MEMBER: _____
SIGNATURE: _____ **DATE:** _____

NOTE: If Dependent is under 18 years of age, the Parent/Guardian must sign on his/her behalf:

CHILD NAME: _____

Parent's SIGNATURE: _____

DATE: _____
