



PROGRAM REGISTRATION FORM



Program Name: Summer SAT Camp Arrival Date: _____ Departure Date: _____

STUDENT INFORMATION:

Male Female Current Grade: _____

Name: _____
Last First Middle Preferred (Nickname)

Address: _____
Street City State Zip Code Country

Phone: _____ Email: _____ Skype: _____

Date of Birth: _____ Place of Birth: _____ Citizenship: _____

CURRENT SCHOOL INFORMATION:

Name: _____ Contact Person: _____

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

FAMILY INFORMATION:

Parent/Guardian 1: _____
Last First Relationship

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

Parent/Guardian 2: _____
Last First Relationship

Address: _____
Street City State Zip Code

Phone: _____ Email: _____

Place of Employment: _____ Occupation: _____

ENGLISH LEVEL:

Beginner

Intermediate

Advanced

How many years have you studied English? _____

ABOUT YOURSELF:

What are your favorite activities, hobbies, sport?

HEALTH:

Do you have any allergies? Yes No

If yes, please list: _____

Do you take any medications? Yes No

If yes, please list: _____

Do you have any medical, psychological, or social problems, or are you currently seeing a psychologist?

Yes No If yes, please list: _____

INSURANCE:

Every student must have an insurance package before leaving home. This should cover loss and/or damage to personal belongings, medical expenses in the event that the student is ill, and course fees in the event of an unexpected cancellation or curtailment of the student's courses.

We accept no liability for the loss of, damage to, any person's property while on the summer school premises, or while engaged in leisure activities outside the campus.

Your Insurance:

Company: _____

Policy #: _____

AGREEMENT AND RELEASE:

By submitting this Application, I grant the student permission to participate in the full program of classes and leisure activities and authorize Colibri Boston and program provider to take appropriate action in the event of any medical or other emergency and accept responsibility for the resultant costs. I also accept responsibility for any damage caused by the student and resultant cost for repair or replacement. I certify the above information is complete and correct. I understand that my misrepresentation may result in my child's expulsion from the program. I acknowledge that the terms and conditions appearing on Colibri Boston web site constitute part of my agreement with Colibri Boston and study abroad program host (university, college, language school, or other institution and/or organization), including sections concerning responsibility, health, refunds, changes in dates, accommodations, courses and billing of the selected options; I assume all risks and responsibilities and discharge Colibri Boston and the study abroad program host and all their officers, agents and employees from and against any and all claims of damage to personal property or personal injury which may result from my enrollment and participation in the study abroad program host courses, excursions, and/or on and off-campus activities. I have read the terms and conditions of enrollment and agree to follow all Colibri Boston and study abroad host procedures. This Agreement will be effective when my application is accepted by Colibri Boston and shall be governed by the laws of the State of Massachusetts, USA.

Yes, I agree

No, I don't agree

Parent Signature: _____ Date: _____

Student Signature: _____ Date: _____

