

		PART A: Participant Information			
First Name		Family Name		Program Name:	
Country of Citizenship		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Program Code: <small>[See Cover Page]</small>	
Date of Birth <small>Year Month Day</small>		Age	I.D. # & Expiry Date	Passport # & Expiry Date	
Email Address		Facebook Profile	Phone #	Mobile #	
Home Address			(For Safety Equipment Purposes) Height Weight		
Guardian First / Family Name (if under 18) Guardian Phone #			Guardian Email Address		

The following sections are to be filled out by the participant. If the participant is under the age of 18, her/his parent/guardian must complete the form on their behalf.

PART B: Medical and Health Information

Insurance Company / Medical Policy #	
Do you have any medical concerns or any other health conditions we should know about? If yes please specify.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any allergies? If so please indicate any allergies that may require emergency medical assistance when triggered.	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have any dietary restrictions? Please specify (i.e. Vegetarian, Vegan, Halal, Kosher etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>

PART C: Emergency Contact Please list at least one person who could be contacted in the event of an emergency:

Full Name	Relation	Phone #	Mobile #	Email Address
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PART D: Release Agreement

I am /my child is participating in this Monticle program. I understand that I/my child or ward's participation in this camp/program can expose me /my child to inherent risks whether known or unanticipated.

I / my child has the option to decline to participate in any activity but I acknowledge that activities may involve inherent risks and that understand that Monticle takes all precautions and safety measures seriously but cannot guarantee elimination of the risks involved in the activities. I understand I/my child/ward shares the responsibility for my/my child or ward's safety. I am aware that I/my child may be using Monticle's equipment and accessories during the course of the program. I am aware that I am responsible to pay for any damages on the equipment caused by any negligence or misuse.

In consideration of my/my child's participation in the program, I hereby release, waive, and discharge The Monticle Leadership Association (Monticle), and all of their instructors, employees, officers, directors, agents, and volunteers from any and all liability to me, to my child or ward, and to all my legal representatives, assigns, heirs, and next of kin for damage and injury to me/my child or to any person or property arising out of participation in the program. This agreement includes but is not limited to claims or demands on account of injury or damage caused or allegedly caused by the negligence of Monticle, or any of the individuals listed above.

I am aware that I/my child may be removed from this Monticle program at any time for inappropriate behaviour that disrupts or decreases the learning situation, environment or interaction of other participants and that I /my child is responsible for the arrangement and payment of transportation. In case of emergency, I hereby request and authorize any physician, hospital, and health care provider to provide medical treatment promptly to I/my child or ward whether or not I may be contacted and informed. I also authorize the use of emergency transportation for me/my child or ward in the event of a medical emergency. In the event that I/my child or ward requires medical care, I understand that I,/the guardian, am responsible for any and all bills associated with my/my child or ward's treatment including any emergency transportation costs. I also give permission to the Monticle staff to provide first aid treatment to me/my child or ward.

I attest that I am/my child is in sound physical condition and acknowledge that I/my child may be videotaped, audio-taped and photographed during any training sessions or related events and I give my permission to Monticle Leadership Association to use my/my child's images for any and all uses without my consent.

Participant / Guardian Signature	Date <small>Year Month Day</small>		
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How To Submit Application Form

Submit by scanning and emailing your complete application package to info@monticle.ca

Monticle will email and/or call you to authenticate the application within 5 business days and confirm your registration or arrange payment for the chosen program.

Please mail all original application documents upon acceptance. Details to follow.

Please visit our website: www.monticle.ca

For more information please email: info@monticle.ca

Parental Permission Form

Travelers under 18 years of age, who are unaccompanied by an adult must present a written letter from both of their parents (where applicable) with permission to travel to Canada. This letter must incorporate the length of stay, the parents' telephone number and permission for Monticle instructor(s)/staff to take responsibility for the child.

Parents must sign and scan or fax back a copy of the permission letter and have your child **bring a physical copy to Canada.**

SEE IMPORTANT BELOW.

PARENTAL PERMISSION LETTER

To Whom It May Concern:

I / We, (Parent / Guardian Name) _____ am/are

writing this letter of permission to allow instructors from The Monticle Leadership Association, to be my son/daughter (Full

Name of Child) _____ 's guardian from (Program Dates

Duration) _____ for The _____

Program. (Full Name of Child) _____ will be under Monticle's care for the duration of the trip.

Attached is a quick fact sheet regarding the Monticle Leadership Association.

Please contact us with any questions at the following:

Home Phone Number: _____

Emergency Contact Number: _____

Email address: _____

Regards,

_____ (Signature) _____ (Date)

IMPORTANT!**PARENTAL PERMISSION LETTER INSTRUCTIONS:**

- 1) Photocopy this page for you / your child to keep. You / your child may be required to present this document and a Monticle **information sheet** at Canadian Customs (Border Crossing).
- 2) Monticle will provide you with the **information sheet** upon you / your child's acceptance into the program.

Participants are also required to bring 2 identical photos along with the original copy of this form and submit it to: The Monticle Leadership Association.

Payment and Refund Policy Your enrolment for the Monticle program is confirmed only when we receive and approve all the completed forms and full payment. Payment must be paid in full 60 days prior to start of program. No refund will be made if a participant withdraws once the Monticle program has begun, fails to arrive for start of course, or is asked to leave the course. If travel by plane is required, please do not book the participant's airfare until the administrative staff at Monticle have received the full payment and have confirmed the participant's enrolment. Cancellation notices given at least 40 days prior to the start of the program will receive a full refund of the total cost. However, an administrative fee of \$250 CAD may be charged. Cancellation notices given between the 40 days to 30 days prior to the start of the program will be given a refund of 50% of the total cost of the program. However, an administrative fee of \$250 CAD may be charged. NO REFUNDS are given for cancellation notices less than 30 days prior to the start of the program.