

Golden Hills School Division International Student Services

435A Highway 1 Strathmore, AB T1P 1J4 Canada

Phone: +1 (403) 934-5121 Fax: +1 (403) 934-5125 international@ghsd75.ca www.ghsd-international.com

Participation Agreement and Release

Parent/Guardian Name:		
Parent/Guardian Name:		
Student Name:		
I/We, the aforementioned parent(s) or guardian(s), have read, understand, and agree to the terms and conditions contained in this application package (including all supporting documents) for our child. I/We will ensure that our child honours all the rules and obligations contained within.		
In addition, I/we have read, understand, and agree to the following:		
 The registration fee is nonrefundable and is due with the submission of this application. All fees are payable in Canadian Dollars once the Letter of Acceptance has been issued. Due dates for fees are listed on the invoice (or invoices). Fees are subject to change without notice. Personal belongings left behind by a student will be donated to charity or disposed of after 60 days, with no compensation to the student or family. Golden Hills International is not responsible for the storage or shipping of these personal belongings. Any property damage caused by the student is my/our responsibility and will be paid for immediately. Acceptance into the Golden Hills International program does not guarantee renewed acceptance in future years if students do not meet expectations or if academic performance drops below acceptable levels. 		
By signing below, I agree that I have read, understand, and agree to all terms of the Release.	e Participation Agreement and	
Parent/Guardian Signature Parent/Guardian Signature	ure (if applicable)	

Date

Last revised: 2019-11-13

Date



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Activity Waiver

ACC	ivity waiver
Parent/Guardian Name: _	
Parent/Guardian Name:	
Student Name:	
sports teams, and outings/activities during their stay in	nt our child permission to participate on all field trips, clubs, Canada. Outings and activities include those planned by Golden cory staff, and/or their school. Students participating on outings or will require additional permission.
	co) skiing, snowboarding, skating, tobogganing, swimming, s, horseback riding, rollerblading, soccer, baseball, football, tion.
insurance while in Canada. These activities include moto bungee jumping, cave exploring, mountaineering, rock of travelling as a passenger on any non-commercial flight; without a licence valid for the area where operating; and vehicle while racing or off-road. I/We understand that so incurred while engaging in such activities will not be con-	cipating in certain activities that are not covered by their medical orized contests of speed, parachuting, skydiving, hang gliding, or cliff climbing, or scuba diving; operating any type of aircraft or operating any form of motorized transport on land or water d travelling in or on a motorcycle, snowmobile, or any kind of hould my/our child participate in such activities, loss or injury wered by medical insurance and that I/we will be fully liable for all to change without notice and will be stipulated on the insurance
	above, I/we understand the risks involved in participation on field isolve Golden Hills International and Golden Hills School Division or injury.
By signing below, I agree that I have read, understand,	and agree to all terms of the Activity Waiver.
Parent/Guardian Signature	Parent/Guardian Signature (if applicable)
Date	Date

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FOIP

Parent/Guardian Name:	
Student Name:	
Golden Hills School Division collects personal information about students under the authority of the Alberta <i>Freedom of Information and Protection of Privacy Act</i> (i.e., FOIP) in order to provide an educational program and ensure a safe and secure school environment for students. Protection of this personal information is extremely important to the school division and is taken very seriously.	
Written consent is required in order to use a student's personal information (including photos and videos containing the student in which they are recognizable) for any purpose other than educational programming or the safety of students and staff. This includes:	
 Using a student's name, photo, or audio/video recordings in external publications (including school websites, school social media, school division websites, school division social media, the Golden Hills International website, and promotional brochures). Using class, team, club, or school photos and videos that are taken within the school community on the school or school division's external website or for marketing purposes. Use of a student's name on artwork or material to be displayed in the community. Allowing a student to participate in interviews with the media or be included in media coverage of school or school division events. 	
I consent to my / my child's information, including photographs, awards, scholarships, prizes, newsletter information, team or club lists, assignments or projects, art work, video and/or audio recordings, interviews, school publications, advertisements, and promotional materials being used as described above. I do not consent to my / my child's information being used as described above.	
Golden Hills School Division cannot control how information is distributed by third parties (including other students).	
If the student is under 18, a parent or guardian must sign. If the student is 18 or older, the student must sign.	
By signing below, I agree that I have read and understand the FOIP form.	
Parent/Guardian Signature (if student is under 18) Student Signature (if 18 years or older)	

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Medical Release

Wicarda Neleuse	
Parent/Guardian Name:	
Parent/Guardian Name:	
Student Name:	
	ze Golden Hills International's appointed custodian (or the ry medical treatment or procedures on behalf of my/our child
 and other routine procedures that do not require Admitting the applicant to the hospital. 	ions, examinations, treatment for minor illnesses and injuries, e hospitalization, surgery, or general anesthetic. or general anesthetic when immediate measures are necessary
to preserve the child's life, health, or physical we will delay treatment long enough to endanger the	ll-being, and if waiting for consent from a parent or guardian e child's life.
I/We agree that if my/our child has a pre-existing medical or by medical insurance coverage at home. In the event of International to undertake any action deemed necessary	for the health and safety of my/our child. I/We understand that nedical insurer will be my/our responsibility as parent(s) or
If a student exhibits or develops serious mental or physic reasonable short-term treatment but reserves the right to guardian(s).	
By signing below, I agree that I have read, understand, a	nd agree to all terms of the Medical Release.
Parent/Guardian Signature	Parent/Guardian Signature (if applicable)

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Vaccine Waiver

Parent/Guardian Name:				
Parent/Guardian Name:				
Student Name:				
The influenza vaccine is offered free of charge each winter (between late-October and March) to all students in Alberta. Golden Hills International recommends that all students receive the influenza vaccine but recognizes that parents will continue to have the final decision on immunizing their child. Yes, I/we authorize my/our child to receive the influenza vaccine while in Canada. No, I/we do not authorize my/our child to receive the influenza vaccine while in Canada.				
				above, I/we understand the risks involved in receiving this Golden Hills School Division of any liability. This waiver only grants ill occur.
			The following pertains to vaccine-preventable diseases	s. Please read carefully.
If a highly contagious vaccine-preventable disease, such as measles, occurs at school, a student who is not vaccinated may be excluded from school. Golden Hills will not responsible for this missed time nor will refunds be issued. If a student contracts a highly contagious vaccine-preventable disease, Golden Hills will not put the homestay family or dormitory staff and students at risk, and the student may be returned home at the parents' expense.				
			By signing below, I agree that I have read and underst	and the Vaccine Waiver.
Parent/Guardian Signature	Parent/Guardian Signature (if applicable)			
Date				

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