



Dear Parent,

The school that your child attends has chosen our agency to organise their trip and we thank them for their trust. The adventure that your child is about to experience will be enriching. This form establishes the rules governing application for this trip. Please read carefully the information written below and forward this completed form to the group leader.

**Grand Avenue
Grade 7 & 8
Quebec City
June 19 – 22, 2018**

REGISTRATION FORM

#1

PARTICIPANT INFORMATION

(please provide complete legal names)

PASSENGER NAME

ADDRESS

CITY

PROVINCE

POSTAL CODE

M F

DATE OF BIRTH (mm/dd/yyyy)

CITIZENSHIP

GRADE

GENDER

#3

GUARDIAN INFORMATION

NAME OF CUSTODIAL PARENT OR LEGAL GUARDIAN

RELATIONSHIP

PHONE

EMAIL

#2

EMERGENCY CONTACT & HEALTH INFORMATION

EMERGENCY CONTACT NAME

RELATIONSHIP

PHONE

PASSENGER PHYSICAL OR DIETARY RESTRICTIONS

The dietary restriction will be given to the Trip Planner prior to the tour departure to be carried while on tour. We will also make sure that the appropriate persons are aware of such situations. Accessibility can be limited in some destinations, making participation in certain components of the trip difficult for Passengers with reduced mobility.

#4

PAYMENT INFORMATION (based on 40 passengers)

Please make all payments on **School Cash Online**

DEPOSIT DUE (01/31/2018) (A) \$100 (non-refundable)

INSURANCE (see back) (B) + _____ (insurance)

TOTAL DEPOSIT (A + B = C) = \$ _____

FURTHER PAYMENTS:

INTERIM PAYMENT (03/01/2018) + \$ 250

FINAL PAYMENT (05/05/2018) + \$204

TOTAL PAYMENT = \$554

#5

PLEASE NOTE THE FOLLOWING IMPORTANT INFORMATION AND SIGN:

I HAVE READ AND FULLY UNDERSTAND THE TERMS AND CONDITIONS LISTED ON THIS PAGE (FRONT AND BACK).

Signature of Passenger

Date

Signature of Custodial Parent / Legal Guardian

Date

INSURANCE – BLUE CROSS

** If you subscribe to an insurance, please add the required amount to your deposit and fill out the **Exclusion form**.

- I want to subscribe to the **emergency medical care** at a cost of \$16.00
- I refuse to subscribe to the emergency medical care offered to me _____ (Initials)
- I want to subscribe to the **cancellation insurance** at a cost of \$35.25
- I refuse to subscribe to the cancellation insurance offered to me _____ (Initials)

By refusing the insurance, I free the travel agency from any and all obligations arising from any and all obligations arising from losses or expenses that might be incurred during the trip as a result of this refusal.

CANCELLATION OR INTERRUPTION INSURANCE

This insurance allows you to get a refund, if an event, out of your control, sufficiently serious, directly affect the covered person and require that the trip is cancelled, interrupted, extended or modified. See the Insurance Guide (ref. pages 66 to 72) for more details.

To subscribe to this insurance, you need to complete the "*Exclusion form related to pre-existing conditions*".

Summary of the risks **covered*** by the *cancellation insurance*:

Your trip will be refunded if your child is obligated to cancel his participation OR interrupt or extend his trip, once it has started, due to:

- Sickness (not a pre-existing condition)
- Hospitalization, death, corporal lesions
- Being quarantined
- A disaster which renders the principal residence uninhabitable
- Event in the country of destination, including terrorism act, which incite the Canadian government to issue a warning saying that Canadian citizens should not travel to this country. The subscription to this insurance shall be done before the warning is issued.
- Refusal of the visa application of the covered person (under certain conditions)
- Etc.

Summary of the risks **not covered**:

- Your child is expelled from the group because of misconduct.
- Any sickness diagnosed before purchase of the insurance.
- Treatment or surgery recommended to your child in the 3-month period preceding the subscription to the insurance.
- Your child or you decide that he/she should not be taking part of the trip.
- Etc.

EMERGENCY MEDICAL CARE INSURANCE

For trips taking place outside of your province, we strongly recommend to subscribe to this insurance because your provincial health insurance plan does not cover all fees.

Blue Cross offers you a world known coverage. In order to be eligible to this insurance, you ought to be a **Canadian resident** and to have a provincial health insurance card valid from your province of departure.

To subscribe to this insurance, you need to complete the "*Exclusion form related to pre-existing conditions*".

Summary of the risks **covered*** by the *emergency medical care insurance*:

- Hospitalization and medical expenses for up to \$5 000 000
- Drugs prescribed as part of an emergency treatment
- Dental care following an accident
- Ambulance services
- Repatriation of deceased
- Transportation costs to visit a covered person hospitalized for more than 7 days
- Subsistence allowance for up to \$3 000
- Travel assistance with CanAssistance 24/7

CANCELLATION POLICY

Should your child cancel, the following policy will apply:

PENALTIES

- Between 45 and 60 days prior to departure: (depending on the destination) 25% of the cost
- Between 30 and 45 days prior to departure: 25% of the total cost of the package
- Between 15 and 30 days prior to departure: 50% of the total cost of the package
- Less than 15 days prior to departure: no refund



EXCLUSION FORM RELATED TO PRE-EXISTING CONDITIONS



In order to be eligible to the insurance, you have to fill in this form:

In the 3-month period preceding the effective date of the coverage ⁽¹⁾, has the insured person: consulted a doctor, been hospitalized, received treatments or been advised to do so, been prescribed medicine or changed your dosage, been treated with oxygen at home, been using corticotherapy for lung condition or used nitro-glycerine for a heart condition more than once in a 7-day period in order to relieve chest pain?

YES

NO

If you have answered YES, specify the condition: _____

This condition will not be covered by the insurance

⁽¹⁾Effective date of coverage

1. **Emergency medical care:** Departure date
2. **Cancellation or Interruption insurance:** Date of subscription

IMPORTANT

Regarding the emergency medical care insurance, if the insured person develops health problems between the date on which the insurance was purchased and the departure date, this health problem may not be covered during the trip. Please contact us if such a situation occurs.

CHILD'S NAME: _____

HOME PHONE NUMBER: _____

SIGNATURE (Parent or legal guardian)

DATE (MM/DD/YYYY)

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January 10, 2018

Dear Parent(s),

Please read the following important information regarding our trip to Quebec City, June 19-22, 2018.

- The first payment will be available on **school cash online** as of **Friday, January 12th**, with a due date of **Wednesday, January 31**. This payment includes the \$100, **non-refundable** deposit, as well as the optional insurance, if you choose to purchase this. Fundraising money cannot be applied to the \$100 deposit. However, if you have fundraised the entire amount of your trip, by the time the last payment is due, this \$100 will be refunded to you at that time.
- All fundraising money will be deducted from the final payment first, then the second installment, and finally the first installment.
- Further fundraising will be available for all students. Upcoming will be: Little Caesar's Pizza Kits (January), Valentine's Day bake sale (Feb.), Hot Dog day (Feb.), Ice Dogs' Puck Toss (tentative on second round playoffs).
- Please fill out the following forms included in this package and return to the school by **Thursday, January 18th**.

Thank you,

Mme Esau