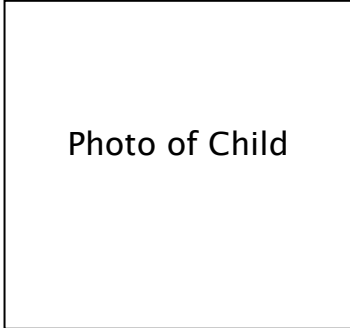




Registration Form Spain Summer Camp (deadline March 3rd, 2017)



Application for 17-day program: July 30-August 15, 2017

Check this box if you choose the Family Immersion Camp

*Note: Unaccompanied children must be 8 -16 years of age to participate in this program
Family Immersion camp children must be at least 5 years of age to participate in the program.*

Student Information

Name: _____

Age: _____ Date of Birth: _____ Gender: _____

Street Address: _____

City/State: _____ Zip code: _____

Home Telephone: _____

Passport number/nationality: _____

Current grade: _____ Current school: _____

Language spoken at home: _____

Prior exposure to Spanish (if any) Level attained: _____

- Novice – little functional ability, may speak some isolated words or phrases, can understand predictable questions
- Intermediate – able to speak at the sentence level, can ask simple questions, can read basic text
- Advanced – able to speak at the paragraph level, can speak using the appropriate tenses, can speak on a range of topics

A Spanish language assessment conducted at the camp will determine the appropriate grouping for your child.

Language Pledge

I agree that I will make every effort to speak entirely in Spanish during the duration of this trip. I understand that breaking this pledge has an impact not only on my experience but on that of others in the program. I understand that continued disregard for this pledge may be grounds for dismissal from the program.

Student signature _____

Choice of sport/special instruction (please circle):

- | | |
|------------------|------------------------|
| Tennis | Soccer |
| Horseback riding | Golf (350 euros extra) |
| Creativity | Yoga |
| Modern Dance | Paddle Ball |
| Swimming | Public Speaking |
| Leadership | |

Student Medical Information

Please answer the following health related questions for your child as accurately as possible.

Please note that if the student has health, dietary or educational requirements that we are unable to meet, we may not be able to accept the student in our Summer Camp.

- a. Does the child have any serious health conditions of which we should be aware? Yes No

If Yes, please specify: _____

- b. Please specify any activities which the student may not attend due to health reasons:

- c. Does the child have any allergies? Yes No . Please identify in the space below:

- d. Special dietary requirements for the child:

- e. Does the student have any special educational needs or behavioral problems? Yes No

If Yes, please specify:

- f. Is there any other relevant information the school should know about your child?

I am aware of my child's medical needs and hereby assure Enforex/HWIS that I have consulted with a medical doctor, as I may deem necessary with regards to any such needs. I certify that to my knowledge my family members participating in the program currently have no medical problem that would adversely affect their participation.

All students enrolled in this camp are covered by a standard insurance policy. To see the policy, check www.enforex.com/insurance. In the event that the student needs medical treatment and or needs to be hospitalized, Enforex is authorized to take action it deems fit for the customer's health in accordance with the medical center attended renouncing liability on Enforex's part. This participant must disclose any information regarding treatment and or medication taken during

their stay in the program. Enforex disclaims any liability for the customer's failure to disclose any such medical information. **All student participants must attach a photocopy of health insurance to the application forms.**

I am aware that, should the adult members or non-enrolled children of my family require hospitalization while in Spain, HWIS cannot and does not assume any legal responsibility for payment of such costs. I hereby assure HWIS that I have assumed all risk and responsibility for the adult members and non-enrolled children of my family and that we have adequate medical insurance to meet any and all needs for payment of hospital and physician costs during the program

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child _____ . However, if I cannot be reached I hereby authorize Enforex or Bilingual Buds, LLC to transport my child to the nearest appropriate hospital and to secure for my child the necessary medical treatment. I authorize Enforex and/or Bilingual Buds to give my child basic first aid if appropriate.

Parent/ Guardian signature _____ Date _____

In the case of student participating without parents on the trip, please give names of other two persons who can be contacted in case of emergency:

Emergency contact name (and location) _____

Phone _____

Relationship to child _____

Emergency contact name (and location) _____

Phone _____

Relationship to child _____

Parent Information

1. Parent/Guardian (Mr. Mrs. Ms. Dr.): _____

Home address (if different from student):

Cell phone: _____ Work phone: _____

Email: _____

2. Parent/Guardian (Mr. Mrs. Ms. Dr.): _____

Home address (if different from applicant):

Cell phone: _____ Work phone: _____

Email: _____

Cancellation policy

Pricing:

Student immersion	\$3800
Family immersion (1 parent, 1 child)	\$5300-7200 (depending on accommodation)
Family immersion (2 parents, 1 child)	\$8300
Family immersion (1 parent, 2 children)	\$9900

Program prices are subject to change as a result of currency fluctuations, increase in transport rates, fuel costs. If any prices changes are issued by Enforex these costs will be passed on directly. If they exceed 15% students will be given the option to cancel the trip or accept contract amendments.

Payment schedule:

50% deposit	due March 3, 2017
Confirm go/no go	March 10, 2017
50% remaining	April 15, 2017

- If cancellation occurs before **March 10th 2017**, 100% of the 50% deposit will be refunded.
- If cancellation occurs on or after **March 17th** and by April 15th 2017, fee of \$1500 per enrolled child will be deducted from program reimbursement.
- If cancellation occurs after **April 20th** none of the program cost will be reimbursed. Bilingual Buds, LLC or Enforex cannot be held responsible for cancellations due to Act of God, health or personal problems.

Furthermore, Bilingual Buds LLC reserves the right to cancel the trip for any of the reasons below, regardless of when they occur.

- *Significant public health problems (swine flu outbreak, for example) at the school or in the cities visited*
- *If the US Department of State issues a Travel Warning for the cities visited*
- *Major public safety issues due to political instability, terrorism or unrest*
- *Insufficient enrollment*
- *Any other condition, beyond HWIS' control, that makes execution of the program as planned unsafe, impractical or unwise for the participants*

I acknowledge that it is my personal responsibility to obtain all documents required for entering Spain, including, without limitation, passports that expire no sooner than six (6) months following the conclusion of the program, and that my failure to obtain these documents does not constitute grounds for withdrawal with refund.

We (I) agree to the payment timeline and cancellation policy described above. _____

Binding Rules for Compliance

The customer should adapt and adhere to the customers, schedule and lifestyle the program presents. The customer agrees to abide by the rules of the organization in particular regarding schedules, attendance, behavior and correct conduct with teachers, mentors, schools staff and peers. Failure to

adhere to this code of conduct will result in expulsion from the program. The Parents will compensate Enforex for any losses or damages resulting directly from their Student's actions while participating in the program, and will make this compensation before the Student's departure from the program. If any such costs are identified after departure, the Parents of the Student will still be held liable for compensation. If the student is expelled the customer will bear all the expenses incurrent at his/her return, regardless of any other liability. Finally, there will be no reimbursement for services not used on the trip.

Use of Customer Image

Enforex and Bilingual Buds LLC reserve the right to use photographic or audiovisual materials in which the student appears in for promotion or advertising of the program provided there is no prior opposition expressed by the customer.

Legal Issues

I understand HWIS has entered into an agreement with the camp Enforex and that the camp is responsible for the operation of the camp with support from HWIS personnel. HWIS is not legally responsible for issues related to the operation of the camp. If I encounter legal problems with any foreign nationals or governmental jurisdictions of Spain, I will attend to the matter personally with my own personal funds.

_____ (Mother's Name) and _____ (Father's Name),
residing at _____,
(State/Zip Code) hereby acknowledge that we are the legal guardians of
_____, age _____ ("Child"). We hereby authorize the
participation of our Child with HudsonWay Immersion School dba Bilingual Buds, LLC, a New Jersey limited liability company having a principal place of business at 587 Springfield Avenue, Summit, NJ 07901, in the summer program that HWIS shall be holding in Spain from 30 July -15 August 2017 (the Summer Program).

Please be advised that _____ (Parent name(s)) shall be accompanying our child to Spain during the Summer Program.

We acknowledge and agree that educational services, transportation, hotel accommodations, restaurants and other services from independent suppliers are not under the control of HWIS. We further acknowledge and agree that HWIS will not accept responsibility for wrongful, negligent, or arbitrary acts or omissions of these independent contractors, their employees, agents, servants or representatives. All such services from independent providers are subject to their applicable terms and conditions.

Accordingly, in connection with the giving of such authorization, on behalf of ourselves and our Child, we hereby release HWIS and their affiliates, members, directors, officers, employees, independent contractors, agents, successors and assigns from any and all liability in connection with our participation and our Child's participation in the Summer Program and hereby waive any and all such claims that we may have against Bilingual Buds in connection with same.

In witness whereof, we hereby execute this Authorization and Release as of this _____ day of _____ 2017.

Witness:

Printed name of witness

Signature Witness

Printed name of witness

Signature Witness

Parents:

Printed Name of parent A

Signature Parent A

Printed Name of parent B

Signature Parent B