Registration Form

For Bursary and Non-bursary Students

Summer session June 30th to August 1st, 2019
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Please send all the forms to:

Lorraine Laliberté
Lorraine.laliberte11@gmail.com
Fax: 1 (306) 585-5183
Full legal name: ________________________________

First name: ________________________________

Gender: M ☐ F ☐ Date of Birth: YY/MM/DD ______/_____/_______

Age on June 30, 2019: _________________

S.I.N.: ________________________________

Home Address: ________________________________

City: ____________________________ Prov/State: ____________________________ Postal Code/ZIP Code: ____________________________

Mailing Address: ________________________________

City: ____________________________ Prov/State: ____________________________ Postal Code: ____________________________

CONTACT INFORMATION

Home Phone: (____) ____________________________ Cell: (____) ____________________________ School: (____) ____________________________

• Permanent student e-mail (please print): ____________________________

• Permanent parent e-mail (please print): ____________________________

SPECIAL NEEDS

Failure to provide full and adequate information may result in our not being able to cater to your particular needs.

Please be specific (Use other side if necessary): ____________________________________________

____________________________________

____________________________________

Do you have allergies? Yes ☐ No ☐

Specify: ______________________________________

____________________________________

Do you have any impairment, which may warrant special services? Yes ☐ No ☐

Specify: ______________________________________

____________________________________

Do you have any specific dietary needs? Yes ☐ No ☐

____________________________________
Emergency Contact

Name (print): ____________________________________________________________

Relationship: ____________________________________________________________

Address: __________________________________________________________________

Phone 1: ___________________________ Phone 2: ____________________________

Provincial Health Care Number: __________________________________________

REGISTRATION FEES (Bursary and Non-Bursary Students)

Every student (Bursary and Non-bursary Students) has to pay the registration fees. Payment will be processed, on your credit card, within 10 days of reception of registration form.

Registration fee, non refundable: ☐ $275.00

Visa ☐ Mastercard ☐

Credit card number: ___________________________ Expiry date: _____/_______/_______

Print name on card: ___________________________ Signature on card: _________________________

PROGRAM FEES (Non-bursary students only) ☐ $2,800

Same billing information ☐

Other method of payment ☐

Visa ☐ Master card ☐

Credit card number: ___________________________ Expiry date: _____/_______/_______

Print name on card: ___________________________ Signature on card: _________________________
Explore à Gaspé - 2019

Optional Activities

TO BE COMPLETED BY PARENT OR GUARDIAN

As it is not always possible to provide optimal supervision on this tour, we ask the participant’s parent or guardian of the participant to sign below if he/she agrees with this.

I authorize (name of the participant)__________________________ to participate in the optional excursion and I am fully aware that it will not always be possible to provide optimal supervision for him/her.

Parent or Guardian’s Name (print): ________________________________________________

Parent or Guardian’s Signature: ________________________________________________

Optional activities

Choose one of the following activities:

☐ A Day in Percé  – Saturday, July 6, 2019 – Fee: $80

☐ Canyoning  – Saturday, July 13, 2019 – Fee $65

☐ Sea kayaking (2.5 hrs)  - During the camping weekend, July 26-28 2019 – Fee: $125

☐ Sailing workshops (8 hrs)

*Payment will be processed, on your credit card, the week of July 31st, 2019.

Name (Please print): ____________________________________________

Signature: ____________________________________________________
Reservation

1. La Cité universitaire francophone, University of Regina reserves the right to expel any student whose behavior prevents others from having a positive learning experience.

2. La Cité universitaire francophone, University of Regina accepts no responsibility for any loss or theft of any object.

Release of liability

1. The undersigned, for good and valuable consideration received from La Cité universitaire francophone, University of Regina, hereby waives and forever discharges the said La Cité universitaire francophone, University of Regina, its successors, employees or agents from any liability, causes of action and claims of any nature whatsoever, that I or my heirs, successors or assigns may have as against the said La Cité universitaire francophone, University of Regina. The undersigned further agrees that the validity and interpretation of this agreement shall be governed by the laws of the Province of Saskatchewan.

2. I understand that during the 5 weeks of the Program in Gaspé, the participant will have free time such as Sunday and some afternoons, where he/she will be able to visit the town of Gaspé, without being immediately supervised by a staff member.

3. I am 15 years of age or older and I am not suffering from any physical or mental condition that could in any way harm the welfare of the other participants.

4. I agree to give permission to La Cité universitaire francophone, University of Regina to publish photographs and videos of me. These materials may be used in computerized or printed documents.

_______________________________  ______________________________
Signature of participant                  (Print name)

_______________________________  ______________________________
Signature of witness                   (Print name)

_______________________________  ______________________________
Signature of parent or legal guardian (Print name)

_______/ ______/ ______ Date
PLEASE READ CAREFULLY

Failure to respect any one of the conditions listed below may warrant expulsion from the program. Three warnings will be granted; after three warnings, if there is no effort shown on your part, you will automatically be sent home at your own expense. If you feel it might be difficult for you to abide by these rules, you should not enroll in our program or purchase airplane tickets, which can be changed at a minimal cost to you.

The primary goal of our immersion program is to provide an environment where all students can actively enhance their French language skills. It is important to emphasize your active role in your own learning experience. The quality of your learning experience is directly related to the continued effort you choose to make and your willingness to speak French at all times.

You will be expected to communicate only in French throughout the five weeks. It is imperative that students who wish to hear French and practice speaking it at all times have the opportunity to do so. If you persist in speaking a language other than French or do not attend the maximum amount of extra-curricular activities, you do not take the program seriously and may indeed hinder other students’ progress as well as your own.

STUDENTS SHOULD:

1. Speak French at all times.
2. Attend and participate in all classes and workshops.
3. Participate actively in sociocultural and sports activities.
4. Show a respectful and positive attitude towards all staff and all participants of the program.
5. Respect the evening curfew at 10:30pm
6. No alcohol (carried or consumed) will be allowed at any time during the program

I declare that I have read the above explanation as well as the Rules and Regulations to the program and I accept or acknowledge all the conditions listed above.

I am fully aware that the legal drinking age in Quebec is 18. I will therefore not frequent the local bars. Should any staff member see me drinking beer or liquor at any time during the program or sitting in a restaurant or in a bar (whether drinking liquor or not), I will agree to leave the program within 24 hours.

Student Signature: ___________________________ Print Name: ___________________________ You

must also have a parent or guardian sign below:

I am fully aware that should (name of the participant) ___________________________ have to leave the program, I become automatically responsible for assuring his/her safe return home and must see that he/she leaves the campus within 24 hours.

Signature of Parent or Guardian: ___________________________ Print Name: ___________________________

Telephone number: ___________________________ Date: ___________________________
GENERAL INFORMATION

The participant will have access to washers and dryers at a cost of $2 per use. The residence services provide a bath towel but it is up to the participant to wash it.

RULES TO BE OBSERVED BY STUDENTS

PLEASE READ CAREFULLY

Failure to respect any one of the conditions listed below may warrant expulsion from the program. Three warnings will be granted; after three warnings, if there is no effort shown on your part, you will automatically be sent home at your own expense.

1. The participant will be living in residence and will be responsible for his/her room key. Should the key be lost, the participant will have to pay a fee of $50 to replace it.

2. It is strictly forbidden to circulate between floors. Going to a room on another floor is not allowed at any time.

3. There can never be more than two persons in one room (except for rooms of two); when you invite someone in your room, the door must remain open.

4. Curfew is at 10:30 pm: at that time, everyone must be in her/his room. After 10:30 pm, no noise will be tolerated.

I declare that I have read the above RESIDENCES RULES and that I accept all the conditions listed above.

Student Signature: _______________________________ Name in print: _______________________________

Parent Signature: _______________________________ Name in print: _______________________________
For Participation in Outdoor Activities

Last Name: ____________________________  
First Name: ____________________________  
Health Card Number: ____________________  
Gender: M ☐ F ☐

Circle Yes or No

Date of Birth: ____________________________  
Telephone: ____________________________  
Emergency contact: ____________________

1. Have you ever been diagnosed with cardiac troubles?    Yes  No
2. Do you occasionally suffer from chest pains?    Yes  No
3. Do you sometimes feel dizzy or weak?    Yes  No
4. Has your doctor ever mentioned that you had bone or joint problems such as arthritis that could be aggravated by physical activity?    Yes  No
5. Have you ever been diagnosed with high blood pressure?    Yes  No
6. Are you presently on medication? If so, please list the medications you are taking. 
   *Please indicate for what condition they are prescribed.
   Medication: ___________________________________________________
   Yes  No
7. Do you suffer from muscle problems (injuries)? Please explain.    Yes  No
8. Are you wearing a medic-alert bracelet? If so, for what reason?    Yes  No
9. Do you suffer from respiratory problems? If so, which ones?    Yes  No
10. Do you snore?    Yes  No
11. Do you suffer from back pain? If so, what type? Yes  No

12. Do you exercise?
What physical activity do you practice? _____
   How many times a week? _________
   Yes  No

13. Do you suffer from epilepsy? If so, please indicate to what degree.
   Yes  No

14. Do you have cholesterol? Yes  No

15. Do you have diabetes? Yes  No

16. Are you subject to seasickness? Yes  No

17. Do you suffer from other medical complications that could prevent you from participating in outdoor activities such as hiking or kayaking? Yes  No

Signature: ___________________________ Date: _____/_______/_______
To all participants who attended the Explore à Gaspé, summer 2019

La Cité universitaire francophone would like to use pictures taken during the Explore à Gaspé, summer 2019, for marketing purposes (website, brochures, poster, etc.) However, in order to do so, we need your authorization.

Please note that no name will appear with the pictures.

Please take a moment to complete this form and return it to us by e-mail at your earliest convenience.

I, ____________________________ hereby
Name in full

☐ give permission to La Cité universitaire francophone to reproduce any picture where I appear to be used for marketing purposes (website, brochures, poster, etc.)

☐ do not give permission to La Cité universitaire francophone to reproduce any picture where I appear to be used for marketing purposes (website, brochures, poster, etc.)

Thank you for your cooperation!

________________________________________  ____________________________
Name in full                                      Date

La Cité universitaire francophone University of Regina
Fax: 1-306-585-5183
cite@uregina.ca
lacite.uregina.ca
Name of student: ____________________________________________

Means of transportation:

**Plane:** You are expected to arrive on **Sunday June 30th, 2019 in the evening** and leave on **Thursday August 1st, 2019**. We will arrange the round trip transportation from the airport to the Cégep de la Gaspésie et des Îles for a cost of $30. PLEASE INCLUDE THE FEE OF $30 WITH YOUR REGISTRATION FEES. We encourage you to reserve your flight as soon as possible; there is only one arrival to Gaspé per day in evening.
Arrival:
Airline: ___________________ Flight No.: _____
Date of Arrival (MM/DD): _____ / _____ Time of Arrival: _____

Departure:
Airline: ___________________
Flight No.: __________________
Date of Departure (MM/DD): _____ / _____
Time of Departure: ___________________

Bus: You are expected to arrive on Sunday June 30th, 2019 in the evening and leave on Thursday August 1st, 2019. Someone from the program will be at the bus station to welcome you. The bus station is at a walking distance from the Cégep de la Gaspésie et des îles.

Arrival:
Date of Arrival (MM/DD): _____ / _____ Time of Arrival: 
____________________________________

Departure:
Date of Departure (MM/DD): _____ / _____ Time of Departure: 
____________________________________

Car: You are expected to arrive on Sunday June 30th, 2019 in the evening and leave on Thursday August 1st, 2019. Someone from the program will welcome you at the Residences Cégep de la Gaspésie et des îles.

Arrival:
Date of Arrival (MM/DD): _____ / _____ Time of Arrival: 
____________________________________

Departure:
Date of Departure (MM/DD): _____ / _____
Time of Departure: 
____________________________________

*** Remember: NO ARRIVAL BEFORE June 30th, 2019 ***
What should I bring?

Here’s a packing checklist:

**PERSONAL**
- Provincial Health Card
- Personal property insurance
- Supplementary health insurance
- Valid passport or ID
- Special dietary foods you need
- Medication
- Laundry detergent
- Beach Towel
- Toiletries
- Towels and bed sheets are furnished

**SUPPLIES**
- Notebook and paper
- Pens – ruler – scissors – glue stick
- Coloured Pencil – marker
- French/English dictionary
- Bescherelle Blue or Green (Complete Conjugation Guide)
- Water bottle - Travel Mug (plastic only)
- Alarm clock

**CLOTHING**
- Casual clothes *(appropriate for school)*
- Outdoor clothes
- Warm sweater or jacket
- Bathing suit
- Hat
- Gym shoes
- Raingear
- Hiking boots or walking shoes
- Water shoes *(kayak and sailing)*

**MISCELLANEOUS & OPTIONAL**
- Musical instruments
- Camera
- Song books *(French only!)*
- Laptop
- Bicycle
- Skateboard

**OUTDOORS**
- Insect repellent
- Sunglasses

**STUDENT USE OF CELL PHONES:**

Cell phone communication, including text messages, will not be tolerated during the day between 8:30 am to 4:30 pm and during evening activities, between 7 pm to 9 pm.

***Rogers has no wireless coverage in Gaspé.***

***There is WIFI at the residence and on Campus***