

# PARENT / STUDENT AGREEMENT for online applications

**Summerfuel – PreCollege & Leadership**

- UMass-Amherst
- UC-Berkeley
- USC
- Oxford University - Session 1
- Oxford University - Session 2
- Stanford University
- Yale University

**Summerfuel – College Admissions Preparation (CAP)**

- CAP Berkeley - Session 1
- CAP Berkeley - Session 2
- CAP Columbia - Session 1
- CAP Columbia - Session 2
- CAP Tufts - Session 1
- CAP Tufts - Session 2

**Summersion**

- Spanish in España – Nerja
- Spanish in España – Cádiz
- Spanish in España – Conil
- Spanish in España – Tarifa
- Barcelona, Spain
- Nice, France
- Florence, Italy

**FCB Camps**

- FCB Camp: Session 1
- FCB Camp: Session 2

**STUDENT DATA**

Name \_\_\_\_\_

Address \_\_\_\_\_

**CREDIT CARD INFORMATION: THIS MUST BE COMPLETED IN FULL**

Cardholder Name \_\_\_\_\_ Relationship to student \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number \_\_\_\_\_ Home / Work / Mobile E-mail \_\_\_\_\_

Visa       Mastercard      Last 4 Digits of Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**ASA REFUND POLICY  
Programs in Europe**

Prior to February 1: All but \$250  
February 2 – March 31: All but \$1000  
April 1 onwards: No refunds after this date

**ASA REFUND POLICY  
Programs in the US & FCB Camps**

Application to March 15: All but \$250  
March 16 – April 14: All but \$1,000  
April 15 onwards: No refunds after this date

**PARENT/LEGAL GUARDIAN AGREEMENT**

I have read the ASA brochure and hereby give permission for my child/ward to participate in the ASA program during the summer of 2010 at the location indicated on the application. By execution of the application and this Agreement, I confirm my awareness and acknowledge the risks of injury which may be associated with travel, particularly in foreign countries. My child/ward is enthusiastic and prepared, and I believe he/she is capable of handling both the emotional and physical aspects of the program as well as any risks involved. Furthermore, I agree that, should my child/ward's conduct, at the sole discretion of ASA, be deemed to be in violation of ASA rules or otherwise detrimental to the maintenance of standards or to the successful operation of ASA's program, ASA, in its sole discretion, may dismiss him/her from the program. I further agree that ASA shall have no further responsibility for my child/ward upon his/her dismissal from the program, and I understand that such dismissal may occur at a location far from the child/ward's home. I affirm that ASA shall have the exclusive authority to determine the manner and means of transporting my child/ward home without supervision, and that all additional expenses (including but not limited to the entire costs of the transportation) shall be borne completely by me, and that ASA shall have no obligation to provide any refund of the tuition fee with respect to any dismissed student. Notwithstanding the foregoing, in the event ASA elects to send my child/ward home with a supervising ASA representative, all expenses of such ASA representative (including but not limited to the entire costs of the transportation) shall be borne completely by me. Prior to the commencement of the program, I shall sign a credit card authorization to be held by ASA authorizing the payment from my credit card of any such expenses of my child/ward and the ASA representative in the event of the dismissal of my child/ward. I have read the payment policy and refund schedule in the general information section of this brochure and agree to the terms cited. I am also aware that trip insurance is available and recommended. It is understood that ASA may make use of students' photographs and testimony in publicity materials, including the brochure, poster and website, without payment of any consideration, and I hereby grant ASA permission for such use. Furthermore, in applying for an ASA program, I hereby understand and accept the following terms and conditions, the violation of which may result in my child/ward's dismissal, without further notice:

- The possession or use of drugs or alcohol is strictly prohibited.
- All participants must adhere to all rules of safety and conduct at all times, including those promulgated by ASA, the educational institution and the jurisdiction where the educational institution is located.
- Any violation of the rules, terms or conditions, as well as behavior incompatible with the programs, could result in dismissal of a student at parents'/guardians' expense as stated above.

I authorize ASA, at its sole discretion, to place my child/ward at my own expense and without any further consent or advance notice in a hospital for medical services and treatment or, if no hospital is readily available, to place my child/ward in the care of a licensed medical doctor for treatment. I hereby grant ASA full authority to take whatever actions it may reasonably consider to be warranted under the circumstances.

**Child/Ward Name (PRINT)** \_\_\_\_\_

**Parent/Legal Guardian Name (PRINT)** \_\_\_\_\_

**I certify that I am the legal guardian of the above named student.** \_\_\_\_\_

*Parent/Guardian Signature*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARTICIPANT'S AGREEMENT**

I understand that I will be sent a detailed copy of ASA's rules and regulations as soon as my application has been accepted and I acknowledge that ASA or its agents have the right to dismiss me and return me home at my own expense without refund of the program fee, should I be found in violation of these rules.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PLEASE SEND THIS COMPLETED AGREEMENT TO:**