

# STUDENT APPLICATION 2017



Want to apply online? Go to [summerfuel.com/apply](http://summerfuel.com/apply)  
If attending more than one Summerfuel program, please tick all boxes that apply.

## PRE-COLLEGE

- OXFORD SESSION 1
- OXFORD SESSION 2
- BERKELEY
- TUFTS SESSION 1
- TUFTS SESSION 2

## LANGUAGE IMMERSION

- BARCELONA, SPAIN
- CÁDIZ, SPAIN
- CONIL, SPAIN
- NICE, FRANCE

## BUSINESS & ENTREPRENEURSHIP

- ESADE IN BARCELONA
- SE GEORGETOWN
- SE STANFORD
- LEADERSHIP BOSTON

## COLLEGE ADMISSIONS PREP

- COLUMBIA SESSION 1
- COLUMBIA SESSION 2
- TUFTS
- UC BERKELEY

## DIGITAL MEDIA

- COMING SOON

## Student Information

Student Name

FIRST

LAST

Address

STREET ADDRESS

APT

CITY  STATE  ZIPCODE  COUNTRY

Student Email  Student Cell

Sex:  Male  Female Date of Birth: (month/day/year)  Grade as of Jan. 2017:  8  9  10  11  12

US Citizen or Permanent Resident:  Yes  No T-Shirt Size:  S  M  L  XL

School

SCHOOL NAME

CITY

STATE/COUNTRY

How did you first hear about Summerfuel?

- |   |   |  |  |                              |
|---|---|--|--|------------------------------|
| ONLINE                                  | RECOMMENDATION                              | SCHOOL                                   | ADVERTISEMENT                          | AGENCY                       |
| <input type="checkbox"/> Web Search     | <input type="checkbox"/> Summerfuel Alumnus | <input type="checkbox"/> Teacher         | <input type="checkbox"/> Print         | Agency <input type="text"/>  |
| <input type="checkbox"/> Camp Directory | <input type="checkbox"/> Other              | <input type="checkbox"/> Guidance Office | <input type="checkbox"/> E-mail/Online | Contact <input type="text"/> |

If Other, please specify:

## Parent/Legal Guardian Information

Parent #1/Guardian Name  Relationship to Student

HM Tel  WK Tel

Cell  Email

Address (IF DIFFERENT FROM STUDENT)

Parent #2/Guardian Name  Relationship to Student

HM Tel  WK Tel

Cell  Email

Address (IF DIFFERENT FROM STUDENT)

Emergency Contact (OTHER THAN PARENTS)  Tel

Relationship to Student

I permit Summerfuel to share my travel details and contact information solely with other participants to help coordinate travel arrangements.

## Financial Information

Please see payment schedule and refund policy detailed on [summerfuel.com](http://summerfuel.com) for full details

Person responsible for payment of fees  Relationship to Student

Billing Address/Phone (IF DIFFERENT FROM STUDENT)

Check Enclosed  Deposit Sent by Wire BILL MY:  Visa  MasterCard

Card Number  Expiration Date (Month/Year)  CVV Code

Print Name of Cardholder  Signature of Cardholder

## Course Selections (Note: BOSTON TUFTS Students attending 2 sessions must choose 2 of each)

PLEASE NOTE THAT SOME COURSES/WORKSHOPS CARRY A SUPPLEMENTAL FEE AND YOU AGREE TO BE BILLED ACCORDINGLY. PLEASE VISIT [SUMMERFUEL.COM](http://SUMMERFUEL.COM) FOR UPDATED COURSE DETAILS.

AM Course	Alternate
PM Course	Alternate
Workshop (IF APPLICABLE)	Alternate

## Optional Extras

I would like to participate in the following optional programs. Please bill me accordingly.

GYM MEMBERSHIP  BERKELEY \$130  LEADERSHIP BOSTON \$130  CAP BERKELEY \$50

SURFING  BERKELEY \$150

PARIS EXTENSION  OXFORD \$1,695

ADDITIONAL OPTIONAL EXTRAS MAY BE OFFERED. PLEASE CONTACT THE NYC MAIN OFFICE FOR UPDATED OFFERINGS.

## Additional Information

Do you have a medical condition that might interfere with your participation in a Summerfuel program?  Yes  No

Do you have any educational, social, personal, psychological or dietary needs that require special attention?  Yes  No

If you answered "yes" to either of the above, or if you have any other needs that may require special attention, please enclose a full report and any supporting documentation.

Have you ever been involved in any disciplinary action in your school?  Yes  No

If yes, please attach an explanation.

## Participant's Agreement

I understand and accept the terms and conditions detailed in the 'Parent-Student Agreement' and I acknowledge that ASA and/or its agents have the right to dismiss me and return me home at my parent's/guardian's expense without refund of the program fee, should I be found in violation of these rules.

Student Signature

Date

## Parent/Legal Guardian Agreement

I have read the ASA Summerfuel brochure and website and hereby give permission for my child/ward to participate in the ASA Summerfuel program during the summer of 2017 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 Summerfuel, be deemed to be in violation of Summerfuel rules or otherwise detrimental to the maintenance of standards or to the successful operation of Summerfuel's program, ASA Summerfuel, in its sole discretion, may dismiss him/her from the program. I further agree that Summerfuel 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 Summerfuel 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 Summerfuel shall have no obligation to provide any refund of the tuition fee with respect to any dismissed student. Notwithstanding the foregoing, in the event Summerfuel elects to send my child/ward home with a supervising Summerfuel representative, all expenses of such Summerfuel 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 Summerfuel authorizing the payment from my credit card of any such expenses of my child/ward and the Summerfuel representative in the event of the dismissal of my child/ward.

Furthermore, in applying for an ASA Summerfuel program, I hereby understand and accept the terms and conditions detailed in the 'Parent-Student Agreement,' the violation of which may result in my child/ward's dismissal, without further notice, including, but not limited to: • 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 parent's/guardian's expense as stated above.

I authorize ASA Summerfuel, 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 Summerfuel full authority to take whatever actions it may reasonably consider to be warranted under the circumstances.

I have read the payment policy and refund schedule in the 'How to Apply' section of Summerfuel's website and agree to the terms cited. I understand and acknowledge that no refunds are available for any cause after May 15, 2017, and that trip insurance is recommended. There will be no refunds for students who are dismissed as per the policies detailed above. Dates, fees, itineraries and courses may be changed without notice, should circumstances require it, and at the discretion of Summerfuel staff. Summerfuel reserves the right to cancel any program or course offering and to decline to accept any person as a member of one of its programs. If Summerfuel cancels a program, the full program fee will be refunded.

Child/Ward Name (PRINT)

Parent/Legal Guardian Name (PRINT)

Relationship to Student

Parent/Legal Guardian Signature

Date

**To reserve a place on a Summerfuel program, send this completed and signed application, along with the required deposit to:**

**MAIL:** Summerfuel Admissions, 19 West 21<sup>st</sup> Street, Suite 702, New York, NY 10010 **EMAIL:** [apply@summerfuel.com](mailto:apply@summerfuel.com) **FAX:** +1.212.796.8359 **PHONE:** +1.212.796.8340