

PAGES: 9 Pages (Including this page)

Dear Parent/Legal Guardian,

Warm greetings from Global Village Hawaii and thank you for sending your child to our school! In order for us to confirm your child's Cambridge Young Learners of English (YLE) program registration, please complete the required documents below and send them back to us as soon as possible. Once we receive the signed Underage Agreement Form and proof of health insurance; we will issue our Letter of Acceptance.

1. Copy of Health Insurance

- It is required by DHS (Department of Homeland Security, Immigration office) for students of the ages 17 and under to submit proof of health insurance before arrival.

2. Underage Agreement Form (Pages 2-6)

- Parent/Legal Guardian Accommodations Addendum for Underage Student (p. 5).
 - I. Required for students staying in GV Hawaii Accommodations.

3. Underage Leave of Absence Letter (Page 7)

- Required for students who have planned in advanced for future absences from school or activities.

4. YLE Child Pick-up Authorization Form. (Page 8)

5. Lyon Arboretum Assumption of Risk and Release (Page 9)

- Required for students who signed up for Cambridge YLE activities.

Thank you for your kind support and look forward to receiving this packet to complete the student's registration.

Registrar
Global Village Hawaii (GV Hawaii)

GV Hawaii Underage Agreement Form (9/8/2023)

1. STUDENT INFORMATION

STUDENT _____ SEX _____ BIRTH DATE _____

HOME ADDRESS _____

TELEPHONE NUMBER _____ EMAIL ADDRESS: _____

MOTHER'S NAME _____ DAY PHONE _____

FATHER'S NAME _____ DAY PHONE _____

EMAIL ADDRESS (Parent) _____

EMERGENCY CONTACT (name & telephone #) _____

*HAWAII ADDRESS _____

*HAWAII TELEPHONE NUMBER _____ CELL PHONE: _____

***If you leave these fields blank, then please bring your Hawaii address and Hawaii phone number (If you have a cell phone, then please inform that number too) on your first day of school. We encourage students to have a cell phone so that the school can contact them in Hawaii.**

2. YLE PRETEST SCORE: /15 (Starters, Movers, Flyers)

Please have your child take the below online YLE pretest and enter their score above. Test scores/results are not automatically sent to GV Hawaii.

<https://www.cambridgeenglish.org/test-your-english/young-learners/>

3. ACTIVITIES

GV Hawaii offers many activities to students in addition to English language instruction. Examples of activities include but not limited to swimming, hiking, sightseeing, sports, etc.

a. Are there any school sponsored activities that you do not wish your child to participate in? YES NO

If yes, please list: _____

(The student won't be able to participate in any of these activities unless GVH receives written approval from the parent/legal guardian)

b. Is the student able to swim without a life vest? YES NO

(If no, the student won't be able to go into the ocean/water and wear swimsuit during Beach Activities)

I hereby give permission for _____ (the "Student") to engage in all activities and programs offered by GV Hawaii, except as noted. GV Hawaii does not allow the parent/s to join any activity or take any photos/videos.

GV Hawaii or its representative (e.g. staff, homestay family, etc.) has my permission to seek medical treatment including routine tests, x-rays, hospitalization, injections, anesthesia, or surgery for the Student.

(Signature of Parent or Legal Guardian)

4. MEDICAL INFORMATION

1) The student must be medically insured at the time of arrival until departure. Global Village Hawaii recommends medical insurance coverage of at least \$250,000.

Please complete all questions. If you answered "YES" to any question/s below, please include an explanation on a separate sheet of paper and attach it to this form.

a) Are there any physical or emotional issues that would prevent the student from interacting with others during a full day of classes and/or outside activities? YES NO

b) Does this student have any special learning needs? (e.g. Attention Deficit Disorder, Dyslexia) YES NO

c) Are there any special psychological or physical limitations this student has of which we should be aware? If yes, please explain. YES NO

d) Has this student had any operations or serious injuries? If yes, please describe and give the dates when these operations or injuries occurred. YES NO

e) Is this student currently taking medication and/or receiving treatment? YES NO

f) Does this student have any history of loss of consciousness, convulsions, concussions, epilepsy or diabetes? YES NO

g) Does this student have any allergies (e.g. food, drug or environmental)? YES NO

(In case of any food allergies, GV Hawaii won't be able to provide school lunch)

h) Has this student ever required any psychiatric counselling/hospitalization? YES NO

i) Is there any additional health information of which we should be aware of? YES NO

If yes, please describe.

5. UNDERAGE STUDENT CODE OF CONDUCT

- 1) Attend class regularly; participate in class; come on time and complete all projects.
- 2) Help keep classroom/s clean.
- 3) If student is ill and cannot come to school, student must stay at their homestay family's house or own accommodations for proper care and rest. If student does not want to come to school nor the activity for any other reason, student's parent/guardian must notify the school in writing such as completing the Underage Leave of Absence Form before the leave of absence begins.
- 4) If student is staying at GV Hawaii accommodations, the student is required to sleep at the confirmed room each night [unless participating in a school sponsored overnight activity].
- 5) Students who arrive to class/activity more than 15 minutes after the start of class/activity are considered absent and may not enter the classroom or join the activity without authorization from the Director of Academics/Student Services Coordinator.
- 6) Follow our ENGLISH ONLY policy while in school and during activities. If you do not follow this policy, you may be asked to leave school or activity for the day; see English Only Policy in the Student Handbook.
- 7) Inform the Student Services Manager and/or Director of Academics of any changes in your study plans.
- 8) Inform the Accommodations Department of any changes in your accommodations plans.
- 9) Respect staff, faculty and other students.
- 10) Respect school property; property of staff, faculty and fellow students.

Depending on the severity of the violation, students may receive any of the following:

- A verbal warning and be counseled regarding the violation.
- A written warning.
- Dismissal from school and GV Hawaii accommodations.
 - If dismissed, a written appeal may be submitted within a week from the date of the dismissal to the Management Committee of Global Village Hawaii.

6. USE OF STUDENT IMAGES, QUOTES AND RELEVANT INFORMATION

- You authorize GV Hawaii to use images and photographs of your child, quotes and relevant information (collectively "*Your Child's Information*") in announcements, publications, brochures, websites, promotional and advertising materials to promote, advertise and endorse Global Village Hawaii and its services.
- You understand and agree that Your Child's Information will be used to promote GV Hawaii in various forms of advertisements and promotions. GV Hawaii is authorized to use Your Child's Information for such advertising and promotional purposes for the duration of your child's enrollment and for a period of four (4) years from the date of your child's termination of studies. You agree that you or your child will not receive any form of compensation from GV Hawaii for the use of Your Child's Information.
- You hereby release GV Hawaii, and its officers, directors, employees and agents, from liability arising out of any alleged violation of any personal or property rights which your child might have in connection with any such announcements, publications, brochures, promotional or advertising materials that use Your Child's Information.
- If you do not wish to authorize GV Hawaii to use Your Child's Information for promotional purposes, please submit a statement in writing to the Assistant Director requesting that Your Child's Information not be used.

AGREEMENT AND WAIVER OF CLAIMS BY LEGAL GUARDIAN – ON CAMPUS ATTENDANCE

In consideration of and as an essential inducement to the agreement by Global Education Systems LLC (doing business as Global Village Hawaii) to allow the student named below ("**Student**") to attend classes at Global Village Hawaii, the undersigned, as the legal guardian ("**Guardian**") of the Student, hereby agrees as follows:

- 1) Guardian understands that there are risks incident to attending school on-campus and understands and acknowledges that he or she is aware of and understands and agrees, on behalf of Student, that Student fully assumes all such risks.

- 2) Guardian agrees that neither Global Education Systems LLC nor any of its officers, directors, shareholders, employees or agents (collectively, "GV") shall be liable for any death, injury, sickness, damage, accident or other loss arising out of Student's attendance on-campus.
- 3) Guardian understands that there will be periods of no supervision of the Student (i.e. bus rides to school and when home alone at the accommodation). Guardian also understands that the Student will be released after each class accompanied by the person/s authorized to sign the student out.
- 4) Guardian hereby releases and forever discharges GV from and against any and all liability for any death, injury, sickness, damage, accident or other loss which arises out of, occurs during or is related in any way to the Student's attendance on-campus.
- 5) Guardian understands, agrees, and hereby assumes the risk that Student's attendance on-campus could expose Student to illnesses, including but not limited to COVID-19.
- 6) Guardian further understands, agrees, and hereby assumes the risk that Student may be infected by illnesses, including but not limited to COVID-19 while attending school in person on campus.
- 7) Guardian agrees to assume full responsibility to care for Student in the event of Student's death, injury, sickness, damage, accident, or other incident arising out Student's attendance on-campus.
- 8) In the event of Student's death, injury, sickness, damage, accident, or other incident arising out of Student's attendance on-campus, Guardian agrees to assume full responsibility of paying for any and all costs associated with Student's care, including but not limited to costs associated with traveling to Hawaii to take care of Student.
- 9) GUARDIAN REPRESENTS AND WARRANTS THAT GUARDIAN HAS READ AND UNDERSTANDS THIS AGREEMENT AND WAIVER OF CLAIMS, THAT GUARDIAN IS THE LEGAL GUARDIAN OF STUDENT AND IS AUTHORIZED TO SIGN THIS AGREEMENT AND WAIVER OF CLAIMS.
- 10) Guardian has read and agrees to be bound by the General Conditions and the Cancellation and Refund Policy.

This Agreement shall be governed and construed in accordance with the laws of the State of Hawaii.

Date: _____ Name of Student: _____

Signature of Parent/Guardian

Date: _____ Global Education Systems LLC
By: _____
Name: _____
Title: _____

AGREEMENT AND WAIVER OF CLAIMS BY LEGAL GUARDIAN – ADDITIONAL ACTIVITIES

Participation in the above additional activities is wholly voluntary, and Global Education Systems LLC (doing business as GV Hawaii) is offering the additional activities described above to broaden the educational opportunities of its students.

In consideration of and as an essential inducement to the agreement by Global Education Systems LLC to allow the student named below ("Student") to participate in the additional activities described above, the undersigned, as the legal guardian ("Guardian") of the Student, hereby agrees as follows:

1. Guardian understands that there are risks incident to such additional activities and understands and acknowledges that he or she is aware of and understands and agrees, on behalf of Student, that Student fully assumes all such risks. Guardian understands that there will be periods of no supervision of the student (i.e. bus rides to school and home alone at the host family's house).
2. Guardian agrees that neither Global Education Systems LLC nor any of its officers, directors, shareholders, employees or agents (collectively, "GV") shall be liable for any death, injury, sickness, damage, accident or other loss arising out of any of said additional activities.
3. Guardian hereby releases and forever discharges GV from and against any and all liability for any death, injury, sickness, damage, accident or other loss which arises out of, occurs during or is related in any way to the Student's participation in any of said additional activities.

4. Guardian agrees to assume full responsibility to care for Student in the event of Student's death, injury, sickness, damage, accident, or other incident arising out of any activity, including but not limited to said additional activities.
5. Guardian agrees to assume full responsibility of paying for any and all costs associated with Student's care, including but not limited to costs associated with traveling to Hawaii to take care of Student, in the event of Student's death, injury, sickness, damage, accident, or other incident arising out of any activity, including but not limited to said additional activities.
6. GUARDIAN REPRESENTS AND WARRANTS THAT GUARDIAN HAS READ AND UNDERSTANDS THIS AGREEMENT AND WAIVER OF CLAIMS, THAT GUARDIAN IS THE LEGAL GUARDIAN OF STUDENT AND IS AUTHORIZED TO SIGN THIS AGREEMENT AND WAIVER OF CLAIMS.
7. Guardian has read and agrees to be bound by the General Conditions and the Cancellation and Refund Policy.

This Agreement shall be governed and construed in accordance with the laws of the State of Hawaii.

Date: _____ Name of Student: _____

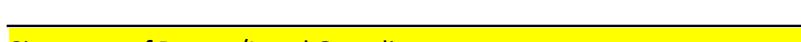

Signature of Parent/Guardian

Date: _____ By: _____
Name: _____
Title: _____

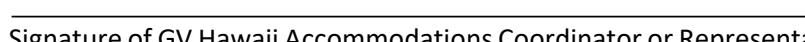
PARENT/LEGAL GUARDIAN ACCOMMODATIONS ADDENDUM FOR UNDERAGE STUDENT

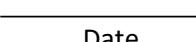
In preparation for placing _____ (name of student) in GV Hawaii Accommodations situation, we are hereunder agreeing to the guidelines for students less than 18 years of age. The guidelines are as follows:

1. The student is required to return home by: *[unless otherwise amended by the family or the school]*
Under 12 years old: 7 p.m. daily Ages 12 – 15: 9 p.m. daily
Ages 16 and 17: 9 p.m. (Sunday – Thursday) and 12 a.m. (Friday and Saturday)
2. The student will not invite guests back to the home without the permission of the homestay.
3. Unless on a school-sponsored activity, the student must return to the confirmed room every night.
4. The student may not drink alcohol or use illicit substances or abuse prescription medications.
5. The parent/legal guardian of the student must have filled out the Medical Instructions Form above.
6. In case of non-compliance with any of these guidelines, or in the case that the homestay family/residence manager/property manager is confronted with a difficult situation, the GV Hawaii Accommodations Department will be contacted immediately.
7. The school and its representatives reserve the right to make independent determinations regarding a student's suitability for continuing in GV Hawaii accommodations should problems arise.
8. In the case of a change or dismissal of GV Hawaii accommodations needing to be made as a result of the student's failure to fulfill this agreement, the parent/legal guardian agree to be responsible for the associated costs. Should the student be dismissed from the applicable accommodation/s, the student in turn may also be dismissed from school and will have to return to their home country immediately.
9. The student who is provided with GV Hawaii residence/apartment is required to conform to the house rules of the applicable residence/apartment. In a situation, where the student causes any damages to the unit and/or common area/s of the property, the parent/legal guardian agrees to be responsible for the associated costs.


Signature of Parent/Legal Guardian


Date


Signature of GV Hawaii Accommodations Coordinator or Representative


Date

To Whom It May Concern:

I hereby give permission for _____ (the "Student") to be absent from the following:

Date of absence (mm\dd\yr):

Event (please circle one):	Class	Activity	Both
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Date of absence (mm\dd\yr):

Event (please circle one):	Class	Activity	Both
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Date of absence (mm\dd\yr):

Event (please circle one):	Class	Activity	Both
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Date of absence (mm\dd\yr):

Event (please circle one):	Class	Activity	Both
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Date of absence (mm\dd\yr):

Event (please circle one):	Class	Activity	Both
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Date of absence (mm\dd\yr):

Event (please circle one):	Class	Activity	Both
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Guardian/parent agrees that neither Global Education Systems LLC nor any of its officers, directors, shareholders, employees or agents (collectively, "GV") shall be responsible for the student during the above noted absent day(s).

Signature of Parent/Legal Guardian

Date

Global Village Hawaii

1440 Kapiolani Boulevard, Suite 1100, Honolulu, Hawaii USA 96814
Telephone: (808) 943-6800 Fax: (808) 943-6400 Emergency phone: (808) 341-0664
www.gvhawaii.com Email: hawaii@gvhawaii.com

To account for all Cambridge YLE students and ensure a safe and secure pickup from Global Village Hawaii, please complete this form. All Cambridge YLE students should be dropped off at school before the activity or lesson begins and **promptly picked up at school at 4:50 pm**. School closes at 5:00pm. Person/s picking up a student must be authorized by the parent/guardian. The authorized person/s may be required to show their ID and sign the student out before the child is released.

Late pick-up fees: **If your child is picked up from 5:00-5:10 pm, then there is a \$10 late fee. If picked up after 5:10 pm, there is an additional \$50 late fee for every 10 minute interval** (e.g. 5:15 pm pickup = \$60 total late fee, 5:21 pm pickup = \$110 total late fee, etc.).

Student's name (please print): _____

Main pick-up person:

Name: _____

Hawaii Address: _____

Relationship: Parent Family Relative Friend Other: _____

Cell Phone: _____ Email Address: _____

Additional persons (if any) who may pick up your child:

Person #1 name: _____

Hawaii Address: _____

Relationship: _____ Cell Phone: _____

Person #2 name: _____

Hawaii Address: _____

Relationship: _____ Cell Phone: _____

In case of a last-minute change or addition of a new authorized pick up person, please send an email from a parent/guardian/agent's email address authorizing your child's release to the new person. The school reserves the right to not release students to anyone, under any circumstance, other than to authorized person/s.

By signing below, I understand and agree to above terms and conditions and declare to the best of my knowledge that the above information submitted is true, correct, and complete.

Parent/Legal Guardian Signature: _____ **Date:** _____



Harold L. Lyon Arboretum
University of Hawai'i at Mānoa
3860 Mānoa Road, Honolulu, Hawaii 96822-1180
Phone: (808) 988-0456 Fax: (808) 988-0462
www.manoa.hawaii.edu/lyon/

Assumption of Risk and Release/Medical Consent Form for Minors

GROUP/ORGANIZATION: Global Village Hawaii

DATE OF SERVICE/VISIT: 8/13/24

Child Participant Name: _____ Child's Birthdate: _____

ASSUMPTION OF RISK AND RELEASE

I/We, the undersigned, certify that the above named child is in good physical health and is able to participate in all activities of the above-named program. I/We also understand and acknowledge that there are inherent dangers and risks involved with participation in the above-named program with the University of Hawai'i, which include, but are not limited to: inclement weather, insect bites and stings, slippery and uneven surfaces, injuries from contact with soil, water, plants and tools. I am aware that there are inherent risks of harm that include, but not limited to illness, personal injury, or death. I understand and acknowledge that these injuries or outcomes may arise from my own or other's actions, inaction or negligence.

I/We understand that I/We are in good physical health and am able to participate in all activities of the about named program. I/We should be covered during the dates of program above by a private medical and liability policy; and I/We further understand that the University of Hawai'i does not provide such insurance or otherwise indemnify individuals with respect to injuries or other liabilities arising out of participation in the above-named program.

Therefore, in consideration of the above named child being permitted to participate in the above named program, I/We hereby agree to assume all risks and responsibilities surrounding his/her participation in the above named program. I/We have read and understand any and all written materials setting forth the requirements for participation in the above referenced activity, as well as those explained by the instructor(s)/supervisor(s), and I/We agree to strictly observe them. Further, I/We do for myself, my heirs, executors, and administrators hereby accept full responsibility for my child's participation and agree to indemnify, release and discharge the University of Hawai'i, its Board of Regents, directors, officers, employees, agents, representatives, State of Hawai'i, its officers, and assigns from any and all claims or actions for property damage, personal injury, and/or death arising from such participation in the above named program or growing out of or caused by any acts or omissions of the above named child during their participation in above named program. I/We have read this Assumption of Risk, Release and Indemnity Agreement and I understand that I am giving up substantial rights, including the right to sue. I/We acknowledge that I/we am/are signing this Agreement freely and voluntarily.

MEDICAL CONSENT FORM

IN CASE OF EMERGENCY:

Contact #1 Name: _____ Relationship to Child: _____ Phone: _____

Contact #2 Name: _____ Relationship to Child: _____ Phone: _____

Primary Care Physician Name: _____ Phone: _____

Preferred Hospital: _____

I /We agree that this Agreement shall be construed in accordance with the laws of the State of Hawaii. I further agree that if any portion of this Agreement be held invalid, the remainder shall continue in full force and effect.

I/We, the undersigned, consent to and authorize any medical professional and others working under their supervision to treat the above named child for any injury or illness arising from or related to my participation in the above named program.

I/We further agree to pay any and all medical expenses, costs and other charges and to release and discharge and hold harmless the University of Hawai'i, State of Hawai'i, its officers, employees, agents, and assigns from and against any liability or any claims or demands arising from or connected with such medical treatment or care.

Print Parent/Guardian Name

Parent/Guardian Signature

Date