

**BRITISH ACADEMY SUMMER SCHOOL**  
**APPLICATION FORM - US & CANADA**  
**PLEASE COMPLETE IN BLOCK CAPITALS**

**1 Name and address:**

Last name \_\_\_\_\_

First name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Post Code \_\_\_\_\_

Country \_\_\_\_\_

**Other personal details:**

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Day / Month / Year

Sex: M [ ] F [ ]

Attending from: \_\_\_\_\_  
Day / Month

to: \_\_\_\_\_  
Day / Month

I understand it is up to me to make  
arrangements for accommodation outside  
the above dates [ ]

**4 Permission to use pictures of the student on our website or Newsletter**

The undersigned agrees that such participant's likeness may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the Summer School program. Such images will not be linked to personally identifiable information.

Consent  Do not consent

**5 Emergency Medical Treatment (for applicants under 18)**

**I authorize the Leaders of the School to give permission to the doctor to undertake whatever treatment is considered necessary for my son/daughter.**

Signed \_\_\_\_\_  
(Parent/Guardian)

Date \_\_\_\_\_

**6 Code of Conduct**

**I understand that the Rules and Guidelines of the Summer School must be observed.**

Signed \_\_\_\_\_  
(Student)

**2 Any medical problems:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Any medically prescribed dietary needs:**

\_\_\_\_\_  
I am vegetarian but also eat fish [ ]  
I am vegetarian only [ ]  
I eat meat [ ]  
(You can't change your choice of menu later.)

**3 People to contact in case of emergency:**

\_\_\_\_\_  
First name Surname Telephone

\_\_\_\_\_  
First name Surname Telephone

**Relationship and times when they can be reached:**

Relationship \_\_\_\_\_

When person can be reached \_\_\_\_\_

Relationship \_\_\_\_\_

When person can be reached \_\_\_\_\_