

# PROGRAM ENROLLMENT PACKAGE

This enrollment package has two parts. Pages 1–2 contain contact and academic program information we need for advising purposes here at UWA. Pages 3–8 are required for the Institute for Study Abroad–Ireland. You must complete and return all eight pages.



**Last Name**

**First Name**

**Middle Name**

**By what name would you prefer to be called?**

**Email:**

**Cell Phone:**

**Do you hold a valid passport?**

Yes

No

**Passport #**

**Citizen of:**

**Passport issued by:**

If yes, please provide your passport number. Please also at your earliest convenience provide us with a photocopy or scan of your passport.

You needn't be a U.S. citizen or permanent legal resident to participate. However, non-U.S. citizens may need to satisfy additional visa requirements to enter the Republic of Ireland and the United Kingdom.

Only enrolled, credit-seeking college students are eligible to participate. Will you be enrolled for Fall 2020 at either UWA or one of UWA's partner institutions?

Yes

No

**What is your academic major?**

**What is your minor?**

**Academic Advisor**

**If you are neither majoring nor minoring in Anthropology, History, or English, for which basic curriculum requirement (History, Social Sciences, or American Literature) should we substitute the 3 hours of credit?**

**Would you rather use the 3 hours credit as elective hours?**

Yes

No

**Do you receive either need-based scholarships or federal Title IV financial aid (Direct Loans, Pell Grants)?**

Yes

No

**Would you like for us to contact the Financial Aid office on your behalf to discuss eligibility requirements as they relate to this program?**

Yes

No

**Current Local Mailing Address:**

**Permanent Home Mailing Address:**

**Emergency Contact Information (parent or legal guardian, if you are younger than age 19)**

**Name**

**Phone**

**Address**

**Email**

**Relationship to applicant**

You promise all the information provided on these forms is correct and accurate to the best of your knowledge, and you promise to notify the program director as soon as possible if anything material changes.

**Applicant Signature**

**Date**



Website [www.isaireland.com](http://www.isaireland.com)

Email [info@isaireland.com](mailto:info@isaireland.com)



Address: Institute of Study Abroad Ireland, Bayview Avenue Campus, Bundoran, County Donegal, Republic of Ireland.  
Office Ireland: +353 7198 42418 Office USA 973 610 5125

## SECTION TWO: WAIVER PAPERWORK

### STATEMENT OF DUE WARNING AND ASSUMPTION OF RISK FORM

I \_\_\_\_\_ (student) voluntarily agree to participate in  
**THE INSTITUTE OF STUDY ABROAD IRELAND STUDY ABROAD PROGRAM.**

I have been advised and am aware of the inherent and / or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such an activity. I am aware and have been advised to have a medical examination prior to participating in this activity to ensure that I am in good physical health. I am aware that this program outdoor activities and there is a risk of accident or injury. Further, I am aware and have been advised that I must be properly covered by adequate accident and medical insurance.

Program activities may include outdoor activities such as surfing, hiking, kayaking, swimming, team sports, moderate walking, options such as horseback riding, bodyboarding and other sporting activities. I understand that I am free to withdraw from any of these activities, but by participating, I have been advised and am aware of the inherent and / or latent danger (including but not limited to: risk of serious injury, the hazards of travel, accident or illness, or acts of God) of participating in such an activity.

I understand that this is a group program, and that group standards must be observed. I agree that THE INSTITUTE OF STUDY ABROAD IRELAND and the Director, Niamh Hamill shall have the right to terminate my enrolment for failure to maintain these standards, for actions or conduct which the Program and /or course director considers to be detrimental to or incompatible with the interest, harmony, comfort or welfare of the course and group as a whole. **I understand that if I am asked to leave the program, I must bear responsibility for all costs including immediate return to USA.** I understand that the Program and/ or course director reserves the right to change assignments and to make alterations in itineraries at any time without prior notice.

I have and do hereby note, understand, and assume all risks, which may arise from or in connection with this activity. The terms hereof shall serve as a release and assumption of risk for my heirs, executors, assigns and administrators and for all members of my family.

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

**Guardian (for any participant 18 years or younger)**

Signature of Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Website [www.isaireland.com](http://www.isaireland.com)

Email [info@isaireland.com](mailto:info@isaireland.com)

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**UWA**  **IRELAND**

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**CONSENT FORM FOR EMERGENCY TREATMENT**

Name of Student: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_

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Name of Parent/ Guardian: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Emergency Contact (If parent is unavailable):

Name of Contact: \_\_\_\_\_

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

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Doctor's name & contact number \_\_\_\_\_

Alternative medical contact \_\_\_\_\_

For students under 18 years of age:

**I give my permission for medical treatment for my daughter/ son if accident/ illness as is necessary during the Institute of Study Abroad Ireland Program. This would include referral to a local hospital, which may result in his/her hospitalisation, anaesthesia and surgery, and I am unable to be reached immediately for consent.**

**I accept that the staff of The Institute of Study Abroad Ireland will make their best judgement as circumstances arise.**

Date: \_\_\_\_\_

Signature of Parent/Guardian if student is <18 years old.

Website [www.isaireland.com](http://www.isaireland.com)

Email [info@isaireland.com](mailto:info@isaireland.com)



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## CODE OF CONDUCT

### Conditions of Acceptance.

I understand that I am subject to The Institute of Study Abroad Ireland regulations, program guidelines and the laws of the host country (Republic of Ireland.) In event of violation of these rules or display of behaviour, which is detrimental to other students, the program, or me, the program chaperons have the right to dismiss me from the program.

By accepting a placement with The Institute of Study Abroad Ireland, I agree that:

Abusive or obscene behaviour will not be tolerated. Any behaviour which is considered by *The Institute of Study Abroad Ireland* to be unsuitable will not be tolerated.

#### ALCOHOL

The legal age to purchase or drink alcohol in Ireland is 18 years. The pub culture is a part of the Irish culture, and we recommend that students be allowed to go to the pubs, and to experience alcohol IN MODERATION. If parents refuse permission, that is a matter between student and parent: we cannot police adults all of the time here, but we will inform parents if we see or hear that students are drinking irresponsibly.

If we feel that students are not handling the availability of alcohol in a responsible manner, we will withdraw the students from the course. This is a totally drug-free programme, and no abuse or use of illegal drugs will be tolerated.

We reserve the right to instantly withdraw a student from the programme and return home if there are serious issues with alcohol or drugs.

PARENTS / STUDENTS MUST MAKE THE COURSE DIRECTOR AWARE IF STUDENTS HAVE ANY HISTORY OF ALCOHOL OR DRUG ABUSE, EATING DISORDERS, PSYCHOLOGICAL OR MEDICAL ISSUES.

MEDICAL HISTORY (Confidential)


MEDICATIONS/ALLERGIES/ BACKGROUND INFORMATION


### **Disciplinary structures:**

Any student considered to be behaving inappropriately will be advised ONCE, and consultation with the faculty leaders will take place. If there is a second offence, parents and students will be advised in writing: This will constitute a first written warning. A third offence will result in expulsion.

The Institute of Study Abroad Ireland reserve the right to decide what is considered inappropriate behaviour: This will include any form of bullying, excessive drinking, using narcotics, failing to turn up for classes or group activities, or disrespect of any other participants or staff.

Any disrespect to staff here will result in immediate action: Staff are responsible for safety and wellbeing of all students: they will not compromise safety standards at any time.

The Institute of Study Abroad Ireland accommodation must be respected. Overnight or non-program visitors are not allowed, and accommodations must be kept clean and tidy. A full inventory is provided for students when they arrive, and will be checked before departure. Students are responsible for property in their accommodation and will collectively be responsible for anything damaged or absent.

The Institute of Study Abroad Ireland program is famous for the comfortable and welcoming atmosphere provided. The above situations are rarely the case, and the majority of students are excellent participants. We wish to reassure parents and participants that no antisocial behaviour will be allowed to spoil the great atmosphere here for anyone.

Possession or use of firearms, dangerous weapons or chemicals is strictly prohibited.

Possession, selling or consumption of illegal drugs or narcotics is prohibited.

I understand and accept the above conditions:

Signed

(STUDENT'S SIGNATURE.)

Website [www.isaireland.com](http://www.isaireland.com)

Email [info@isaireland.com](mailto:info@isaireland.com)

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### OUTDOOR ACTIVITY WAIVER

Participant Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

I am aware that during the course of the ISAI Program I may have the opportunity to engage in a wide variety of recreational, athletic, or other activities. The opportunities will be organized by ISAI (Institute of Study Abroad Ireland), the organization whose program the students will be attending. I understand that this is not a comprehensive list and other activities may be offered that are not listed below. I further understand that the list of activities below does not constitute a promise by ISAI or my institution that all of these activities will be part of my program.

I understand there are risks associated with my participation in these activities. By signing this form, I hereby consent to participating in such activities and confirm that I will not hold ISAI or my institution responsible for any harm or injury suffered by me while participating in these types of activities.

Outdoor Sports:

SURFING	OCEAN SPLASH (jumping into ocean under supervision)
CLIMBING & RAPELLING	ARCHERY
TEAM SPORTS GAELIC SPORTS	SWIMMING
KAYAKING & CANOE	BODY BOARD
HIKING	SNORKEL
OBSTACLE COURSE	BEACH & DUNE GAMES

Please note: all activities are pitched at beginner-level, and are supervised by qualified staff. Qualified lifeguards supervise all water-based activities. However, participants must allow that all participants in these sports are at risk of bumps, bruises, and minor injuries such as sprains and strains. Participants must accept this risk.

Prohibited Activities:

Website [www.isaireland.com](http://www.isaireland.com)

Email [info@isaireland.com](mailto:info@isaireland.com)

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I hereby release Institute of Study Abroad Ireland (ISAI) and (name of institution), its employees, agents and affiliates from and hold each of them harmless against, any and all liabilities, including but not limited to claims for negligence, that they may jointly or severally incur to us, our heirs, executors, administrators, successors and or assigns, in respect of any claim, suit, or cause of action, including legal fees and expenses of litigation, on account of any personal injury, bodily injury, death, loss of health, financial loss or damage to property directly or indirectly sustained by as a result of our participation in the types of activities described in this release or other similar activities. Notwithstanding the foregoing, this release does not apply to intentional wrongdoing or gross negligence on the part of ISAI or its employees or volunteers.

I understand that in order to participate in this program, I am expected to behave responsibly, and in a manner that will not put my own self, or any of my fellow students or faculty, or faculty and staff of ISAI at risk. I understand that any actions that are considered by my supervisors/leaders to be anti-social or unsafe, for my well-being or the well-being of others, may result in my withdrawal from the program.

A Facebook blog will be posted on the Institute Study Abroad Facebook page. We ask your permission to use photographs taken during the trip for our blog, and social media platforms. We do not post detailed names, addresses or personal information. If you would prefer not to be photographed or video-ed, please advise us of same *in writing*.

The Facebook page is

<https://www.facebook.com/studyabroadireland>

Twitter is @isaireand

Instagram @studyabroadireland

PRINT NAME: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

### Our contacts

Dr. Niamh Hamill (Director)

Email [info@isaireland.com](mailto:info@isaireland.com)

Business Office: Fees & Administration

Patrice Gillespie telephone 011 353 7198 41205 GMT (5 hours ahead of EST)

Email [admin@isaireland.com](mailto:admin@isaireland.com)

### **Mailing address**

**The Institute of Study Abroad Ireland**

**Main Street**

**Bundoran**

**Co Donegal**

**Ireland**

### **Social Media sites**

**Facebook – Institute of Study Abroad Ireland**

**Instagram @studyabroadireland**

**Twitter @isaireland**

**Website**

[www.isaireland.com](http://www.isaireland.com)