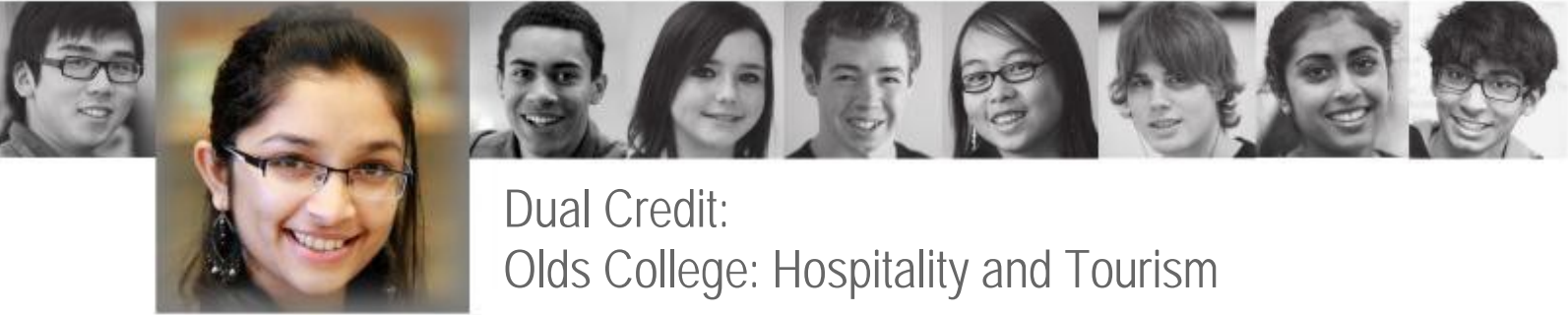


# high school success



## Dual Credit: Olds College: Hospitality and Tourism

For More Information Contact:

Sonya Gillis  
e| [sgillis@cbe.ab.ca](mailto:sgillis@cbe.ab.ca)  
t | 403-817-7516

**Global and Sustainable Tourism:** HAT 1255 (offered Semester 1) September 27<sup>th</sup> to December 19<sup>th</sup> 2018.

**Marketing for Hospitality and Tourism:** HAT 1130 (offered Semester 2) February 25<sup>th</sup> to May 17<sup>th</sup>, 2019

### what?

- **Online delivery** of dual credit program involving CBE and Olds College
- Earn up to 10 CTS credits towards completion of an AB High School Diploma
- Earn 6 post-secondary credits
- Take one or both courses:
- **Global and Sustainable Tourism:** HAT 1255 (offered Semester 1) September 27<sup>th</sup> to December 19<sup>th</sup> 2018.
- **Marketing for Hospitality and Tourism:** HAT 1130 (offered Semester 2) February 25<sup>th</sup> to May 17<sup>th</sup>, 2019

### who?

- Open to CBE high school students who would like to explore Hospitality and Tourism at a post-secondary level

### when?

- **Applications will be taken on a first come first served basis until the course is full. Deadline is Friday September 14<sup>th</sup>, 2018.**

### where?

- Students will complete the course online and are asynchronous. Student schedules can be flexible when taking these courses to work best with their high school schedule.
- Digital course textbook provided

### why?

- Gain 6 post-secondary credits while still in high school
- Exposure to post-secondary academic expectations and experience

### prerequisites

- Admission to the diploma program requires ELA 30-1 or 30-2 and Math 20-1 or 20-2. Students should be on track to complete these courses; however they are not a pre-requisite for the program.



## Course Descriptions

Course	Description	High School Credits	Post-Secondary Credits
<p><b>Global and Sustainable Tourism: HAT 1255</b></p> <p>September 27<sup>th</sup> to December 19<sup>th</sup> 2018</p>	<p>Students will gain an understanding of the psychology of travel, tourism sectors, the role of key industry players, and contemporary issues in eco-tourism, sustainability and business operations of various tourism organizations. Students will also experience and evaluate various tourism facilities, with a focus on the analysis of the services and operations from a guest perspective.</p>	5	3
<p><b>Marketing for Hospitality and Tourism: HAT 1130</b></p> <p>February 25<sup>th</sup> to May 17<sup>th</sup>, 2019</p>	<p>Students will experience and evaluate a variety of hospitality and tourism facilities relating to product, price, place, promotion, people, physical evidence and process. Social media and mobile applications are included as part of the marketing mix.</p>	5	3
<p>These courses are direct links into the Hospitality and Tourism Management Diploma at Olds College.</p>			



Instructions |

Please complete and email a scanned copy or fax the completed form to Sonya Gillis e | [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) f | 403-777-6159

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Off-campus Coordinator Name \_\_\_\_\_

Student Alberta Ed # \_\_\_\_\_ Student ID# \_\_\_\_\_

Student Email address \_\_\_\_\_

Phone \_\_\_\_\_ Student cell phone \_\_\_\_\_

Please check the following as they apply.

Have you verified with a teacher or Guidance Counsellor that you are able to commit to online learning for the duration of the program (s)?

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

No.

Please check mark which course(s) you are applying for:

**Global and Sustainable Tourism:** HAT 1255 (offered Semester 1) September 27<sup>th</sup> to December 19<sup>th</sup> 2018.

**Marketing for Hospitality and Tourism:** HAT 1130 (offered Semester 2) February 25<sup>th</sup> to May 17<sup>th</sup>, 2019

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I am aware that this is an online program and I must be able to work independently and plan my own study schedule to be successful in this program.

Guidance Counsellor/teacher initials \_\_\_\_\_

Yes.

Briefly describe why this program is of interest to you or how it fits with your future aspirations or career plans.



STRENGTHS: Please list 5 strengths you would bring to this program.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Statement of Support** *(to be completed by a teacher/Off-campus Coordinator, Career Practitioner, or Administrator)* How does the program align with the applicant’s interests, future aspirations or overall learning plan?

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Teacher/Administrator Name (please print) \_\_\_\_\_

Teacher/Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit your fully completed application package no later than **4:00pm on Friday September 14, 2018**. Please email or fax 403-777-6159 the completed form to Sonya Gillis [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca)

**Registration checklist:**

- CBE Program Application Form** - completed and signed by parent/guardian, student and teacher or administrator
- Bow Valley College Application Form** – completed

***Please note: It is your responsibility to confirm that your application package has been received. A confirmation email will be sent to you from Sonya Gillis upon successful submission of your application package. If you have not received a confirmation email by May 18, 2018 please contact [slgillis@cbe.ab.ca](mailto:slgillis@cbe.ab.ca) immediately.***

## Off-campus Education Acknowledgement of Risk



**Calgary Board  
of Education**

Consent of Parent, Guardian or Independent Student and "Acknowledgement of Risk"

### PLEASE READ CAREFULLY

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (name of student) ("my child"), agree to the participation of my child **OR** I, \_\_\_\_\_ (name of student), an "Independent Student" under the *School Act* (Alberta), agree to my participation in the Hospitality and Tourism Dual Credit Program (the "**Program**") organized by The Calgary Board of Education ("**CBE**") with Olds College (the "**Program Provider**").

In consideration of the CBE accepting my child as a participant in the Program or accepting me (as an Independent Student) as participant in the Program, I agree and acknowledge as follows:

1. The CBE reserves the right to cancel the Program in whole or part, including prior to the scheduled date of commencement, based upon the security, health and safety conditions in the location(s) of or in the vicinity of the location(s) of the Program.
2. A) I agree, for myself and on behalf of my child, to release the CBE, its Trustees, Superintendents, employees, volunteers, contractors and consultants and the Program Provider and its respective directors, officers, employees and agents (collectively, the "**Releasees**") from any claims, losses, damages, liabilities and costs ("**Losses**") that I or my child, as the case may be, may incur arising from or in connection with the Program, except to the extent any such losses, damages, liabilities and costs arise directly from the negligence or wilful acts or omissions of any of the Releasees. I acknowledge that none of the Releasees shall be responsible for any consequential, incidental, special or punitive losses, damages or costs incurred by me or my child arising in respect of the Program.  
  
B) Without limiting the generality of Section 2(A) above, I, for myself and on behalf of my child, or I, an Independent Student, release the Releasees from any delays, acts or omissions of any of the Releasees in respect of the Program arising from events beyond his, her, its or their reasonable control, which includes but is not limited to **ACTS OF GOD, WAR, STRIKES OR GOVERNMENT RESTRICTIONS, TERRORIST ACTIVITIES, STRIKES OR WORK STOPPAGES, OR THE ACTS OR OMISSIONS OF ANY OTHER ORGANIZATION OR INDIVIDUAL, OVER WHOM THE RELEASEES HAVE NO DIRECT CONTROL.**  
  
C) I agree, for myself and on behalf of my child (or I, an Independent Student, agree) to pay or reimburse the Releasees for any claims, losses, damages and costs arising from any acts or omissions of my child (or of me, as an Independent Student) in connection with the Program resulting or arising from failure to comply with any directions or instructions given by any of the applicable Releasees.
3. I, on behalf of myself and my child (or I, as an Independent Student) release the Releasees and each of them from any losses, liabilities, damage and costs that I and/or my child may incur arising from and during the course of transportation to and from the location(s) of the Program, including in the course of embarking or disembarking from the mode of transportation. I confirm and acknowledge that any injury, damage or loss incurred during the course of transportation to and from the location(s) of the Program will not be compensated by the Releasees.
4. I acknowledge that the CBE shall use reasonable commercial efforts to ensure that in respect of the Program:
  - a) all personnel of the Program Provider and of the CBE supervising the activities involved in the Program are trained and skilled to provide such supervision;
  - b) the location(s) of and facilities used during the Program meet safety and health standards in compliance with applicable laws; and
  - c) the Program participants will be asked to participate in activities that are age and skills appropriate.
5. I freely and voluntarily acknowledge and assume on my behalf and on behalf of the Student (or, as an Independent Student, I assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that a Student may suffer personal and potentially serious injury, loss or illness due to unforeseeable or unexpected events.
6. I am satisfied that I have been provided with information about the Program, including the nature and extent of certain risks and hazards associated with the Program and that such information concerning risks and hazards is NOT exhaustive. I am not relying solely upon such information provided by the CBE and reserve the right to obtain additional information upon such basis as I determine.
7. I freely and voluntarily acknowledge and assume on my behalf and on behalf of my child (or I, as an Independent Student,

acknowledge and assume) all of the risks and hazards, known and unknown, inherent in the nature of the Program and I understand and acknowledge that any participant in the Program may suffer personal and potentially injury, loss or illness due to an unforeseeable or unexpected event as a result of any such hazard, known and unknown.

8. My child has been informed by me that he/she shall comply (or I, as an Independent Student, confirm that I shall comply) with the CBE's policies and regulations and any applicable CBE or school Code of Conduct, and with any rules of the Program Provider in respect of the Program made known to me and/or my child, as well as with the directions and instructions of the CBE's employees, consultants, volunteers or Program Provider personnel concerning the Program. Participation in the CBE and/or Program Provider preparatory sessions and meetings (if any) prior to the activities is mandatory. I acknowledge that failure to do so may result in the exclusion of my child (or of me as an Independent Student) from the Program by the CBE.
9. If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers and also in the case of medical emergency, the Program Provider personnel, may take any actions they deem necessary, including securing professional medical treatment. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact the parent or guardian of a Student (who is not an Independent Student) in any medical emergency situation.
10. **I have completed the medical information form (attached).** I warrant that the medical information I have provided is complete and up to date. I consent to CBE sharing the medical information with the Program Provider and its applicable personnel. I have disclosed any known medical information concerning my child (or concerning me as an Independent Student) that may affect participation in the Program. I also acknowledge and agree that CBE or the Program Provider may refuse to accept my child for or may remove my child (or me as an Independent Student) from participation in the Program as a result of any medical condition as CBE or the Program Provider shall determine, at its sole discretion.
11. I understand that I am solely responsible for any illegal activities of my child (or, as an Independent Student, my illegal activities) during the Program (such as theft, vandalism or using or trafficking in any illegal substances or non-prescription drugs).
12. I confirm that this form shall be binding upon me as an Independent Student or upon me and the other parent or legal guardian of my child and upon my child and if the other parent or guardian of my child shall commence any action or claim against any of the CBE Group in respect of the matters herein notwithstanding the provisions hereof, I indemnify the CBE Group from any losses, damages, liabilities and costs incurred by the CBE Group or any of them in that regard.
13. I am at least 18 years of age and confirm that I have had the opportunity to seek independent legal advice prior to signing this form.
14. I confirm that this form and my acknowledgements and agreements are governed by the laws of Alberta.

Signed at Calgary, Alberta this \_\_\_\_\_, 201\_\_\_\_\_

\_\_\_\_\_  
Signature Parent/Legal Guardian/Independent Student

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_

\_\_\_\_\_

**IMPORTANT - Medical Information**

Please be aware that any information contained on this Medical Information form will be passed on to the employer/service provider. We suggest you include information that is relevant to the safety and well-being of the student while working or participating in educational programs. If there is no pertinent medical information to be shared, please indicate not applicable, and sign and return to the Off-campus Coordinator.

**Health Information:** (A photocopy of this completed form may be provided by CBE to the CBE to address health and medical needs including emergencies, and CBE may also share this information with the Program Provider others as deemed necessary.) Can be typed or handwritten

**- MUST BE COMPLETED BY A PARENT, GUARDIAN OR INDEPENDENT STUDENT**

Activity: <u>Dual Credit Hospitality and Tourism</u>	Date(s) <u>September, 2018 – May, 2019</u>
Student Name: _____ Alberta Health Care # (optional unless travelling outside of Alberta) #:	
Date of Birth (Yr/M/D): _____	

Drug Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____
Food Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____
Insect Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____
Other Allergies?	<input type="checkbox"/> No <input type="checkbox"/> Yes Specifics/Severity: _____

Is the student under any form of treatment for an illness, condition or injury? (including Asthma)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "yes", please elaborate. Include activities to be restricted or modified.
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**Please fill out the medication names and details for administering them: (if more space is required please attach additional information)**

NAME OF MEDICATION	REASON (OPTIONAL)	DOSAGE	HOW OFTEN?	TIME OF DAY

**Medication storage Requirements:**

As a result of the above, are there any known side effects to above medication(s)? If "yes", please describe:  
\_\_\_\_\_

Does the student have any psychological or emotional problems? If "yes", please describe:  
\_\_\_\_\_

Are there any recent injuries to be concerned about? If "yes", please describe:  
\_\_\_\_\_

Medical Treatment Restrictions (if any) e.g. blood transfusions:  
\_\_\_\_\_

Dietary Restrictions (if any): \_\_\_\_\_

Additional Instructions/Information: \_\_\_\_\_

**Emergency Contact: 1) \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)**

**Emergency Contact: 2) \_\_\_\_\_ Phone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)**

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In compliance with The Calgary Board of Education ("CBE") Administration Regulation 6002, as amended from time to time ("AR 6002") (available for view on the CBE website), parents/legal guardians/Independent Students are responsible for providing medical supports and medication prescribed for the student by a physician or medical professional to ensure the student has the supports and medication required while at school or during off-site activities. The CBE, its teachers and staff will not administer the medication or supports but shall during school activities (subject to AR 6002), store the medication and supports and supervise the child in self-medicating. The parent/legal guardian/Independent Student are responsible for notifying the CBE of the nature of the medication and supports, the timing of self-medication and any procedures that apply to same.

I understand that given the nature of the Program in respect of which this form is being provided, in which the student will not be accompanied or supervised by CBE teachers/staff during off-site activities involved in the Program, CBE and its teachers/staff will not store the student's medication or supports off-site or supervise the self-medication by the student during any such activities. By signing this form, I confirm that I have waived any requirement of teacher/staff supervision of self-medication by the student and of storing medication or supports during off-site activities, and confirm that I do not wish the CBE, its teachers/staff to provide the same. I further acknowledge that the Program Provider and its staff are not representatives or agents of the CBE and are not authorized by the CBE to store the student's medication or supports or to supervise the self-medication by the student on behalf of the CBE.

Please note that:

1. the provisions contained in this form are subject to AR 6002 and applicable laws; and
2. the provisions contained in this form further are subject to the applicable school's Emergency Response Protocol and any particular Student Health Plan completed by the CBE with the parent/legal guardian/Independent Student.

Subject to the foregoing, I agree that the medications (prescription/ non-prescription) listed on the first page of this form are the student's responsibility and will not be shared or given to others and the student is responsible for how the medication is stored and when it is taken. I, the parent, legal guardian or Independent Student, accept responsibility in all cases for any medication that is lost, stolen or damaged and confirm that the CBE has been informed about the nature of the medication(s), known side effects and consequences of missed doses or extra doses and any other pertinent medical information by me.

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**To the best of my knowledge, the medical information contained in this form is accurate and up to date and I shall inform CBE immediately of any changes to such information. I understand the risks involved in the taking of such medications by the student during or prior to the Program activities in which the student shall be a participant.** I further hereby agree that If my child (or I, as an Independent Student) becomes ill or incapacitated, I acknowledge and agree that the CBE, its employees, consultants and volunteers, and also in the case of medical emergency, the Program Provider personnel, may take any action they deem necessary for the safety, health and well-being of my child (or me as an Independent Student), including securing professional medical treatment and I release CBE, its employees, consultants and volunteers and the Program Provider and its personnel from any Losses arising as a result thereof. I acknowledge that the CBE has recommended that I obtain medical insurance to cover such expenses. I also acknowledge that the CBE and/or Program Provider personnel shall make reasonable efforts to contact me in any medical emergency situation.

I further acknowledge that the CBE does not make a medical assessment of the suitability of the student for participation in the Program based on the information provided in this form, and that if the student has or develops any medical conditions that may affect the student's participation in the Program, I will advise the CBE immediately.

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Parent/Guardian/Independent Student

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Print Name

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Date