**Eagle Valley Golf Academy (EVGA)**

**International Golf/ESL Summer Camp**

**Homestay Profile**



|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Golfer Information** | | | | | |
| Last/Family/Surname | | | First/Given Name | English Name | |
|  | | |  |  | |
| Nationality | | | Gender | Date of Birth (month/day/year) | |
|  | | |  Male  Female |  | |
| Street Address | | | City | Country | |
|  | | |  |  | |
| Code (zip/postal) | | | Telephone Number (Country/City Code) | Email | |
|  | | |  |  | |
| **How long will you be joining us at Camp?** | | | | | |
| Start Date / End Date | | Number of Weeks | | | |
|  | |  1-week  2-weeks  3-weeks  4-weeks  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Agency Information** (if appropriate) | | | | | |
| Agency Name | | | Name of Contact | Agent’s Email: | |
|  | | |  |  | |
| *Where possible, all correspondence from EVGA will be sent to the agent, parent, or student directly.* | | | | | |
| **Arrival/Departure Information** | | | | | |
| Date of Arrival (month/day/year) | | | Airport Terminal | Flight # | Arrival time |
|  | | |  |  |  |
| Date of Departure (month/day/year) | | | Airport Terminal | Flight # | Departure time |
|  | | |  |  |  |
| **Health Insurance Information \*** *Please note that all students are required to have health insurance.* | | | | | |
| Insurance Policy No. | Insurance Company Name and Contact Information | | | Will you require EVGA assistance to purchase health insurance? | |
|  |  | | |  Yes |  No |

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| **PLEASE NOTE:**  Canada is a multicultural society that values and respects the diversity of all Canadians. Many different kinds of Canadian families participate in the Homestay Program as hosts.  Some families work full-time, while others work part-time and/or are retired. Every host family will have its own unique lifestyle, so please be open and willing to share and enjoy a meaningful Homestay experience with the host family we have selected for you. | |
| **Please tell us about yourself:** | |
| Are you allergic to animals? |  No  Yes If yes, which animal(s): |
| Do you have any other allergies? (medicine, plants, food etc.) | No  Yes If yes, name allergy and describe its effects: |
| Do you take any medication(s)? |  No  Yes If yes, name the medication and medical condition: |
| Do you have any special physical needs? |  No  Yes If yes, describe: |
| **MEDICAL INFORMATION: If you have any health challenges, allergies and/or require medication, you must bring a letter, written in English, from your doctor, that explains the problem, medication required, and medication dosage.** | |
| Do you enjoy attending your school? | Please describe: |
| What are your best subjects at school? |  |
| What language(s) do you speak? |  |
| What language(s) do you read/write? |  |
| How many years have you studied English in school? |  |
| Have you ever travelled abroad before? | If yes, when, where and for how long? |
| Will you bring your own computer?  Note: *Use of the family computer will be limited.* |  No  Yes |
| Do you smoke? |  No  Yes  Occasionally |
| What are your hobbies and interests? | Please describe: |
| What kind of music do you like? | Please describe: |
| Do you play a musical instrument? |  No  Yes If yes, please list the instrument(s): |
| Are you willing to participate in family activities? |  No  Yes |
| What activities would you like to participate in with your host family?  (Please select all that apply) |  Play Sports  Attend Movies  Watch TV Go for Walks Sightsee  Amusement Parks   Shopping  Other, Explain: |
| **More information about you:** | |
| Your character: (Check all that apply) |  Outgoing  Independent  Shy  Talkative  Adaptive  Easily  Quiet  Energetic  Other, Describe: |
| Your preferences: (Check all that apply) |  Family with young children (age 0-11)  Family with teenagers (age 12-19)   Adults(s) with adult children  Adult(s) without children   Family hosting another international student  No preferences |
| Your English level: |  Beginner  Intermediate  Advanced |
| Why do you like the game of golf? | Please describe: |
| Who is your favourite professional golfer? | Please describe: |
| What part of golf do you like the most and why? | Please describe: |
| What golf course would you like play? | Please describe (any golf course in the world): |
| What is your favourite brand of golf clubs? | Please describe: |
| What are your golf strengths? | Please describe: |
| What are your biggest golf challenges? | Please describe: |

|  |  |
| --- | --- |
| **Food Preferences:** | |
| *Breakfast, lunch and dinner are provided by the host & camp. Please let us know if you require a special diet or simply can’t eat certain foods. Thank you!* | |  |  |  |  | | --- | --- | --- | --- | |  | Like | OK | Dislike | | Meat (Pork, Beef, Lamb, etc.) |  |  |  | | Fish/Seafood |  |  |  | | Poultry (Chicken, Turkey, etc.) |  |  |  | | Eggs |  |  |  | | Vegetables |  |  |  | | Dairy Products (Milk, Cheese, Yogurt, etc.) |  |  |  | | Fruit |  |  |  | | Sandwiches |  |  |  | | Beans/Lentils |  |  |  | | Please list other foods you like:  Other: |  |  |  | |

**I understand and agree with the information contained on this form. I further understand that EVGA and the Homestay Coordinator will select a host family based on the information I have provided, but they cannot guarantee that all my preferences will be met.**

**I hereby authorize EVGA and the Homestay Coordinator to release information in this application to my host family.**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Student Signature Date (month/day/year)

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Parent Signature Date (month/day/year)

