**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 |

|  |
| --- |
| **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)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent Signature Date (month/day/year)

