

Homestay in Canada Application Form (Student/Minor)

Thank you for choosing Canada as your travel and study destination. MLI Homestay is looking forward to placing you in your home away from home.

This comprehensive application form will assist us with getting to know you and ensuring that you are placed in the best possible match. To ensure that this application is processed as quickly as possible, please adhere to the following guidelines:

1. Form may be filled out on computer, except where signatures are required, or print clearly in block letters.
2. Answer all questions completely and sign where indicated
3. Submit application via email info@mlihomestay.com or fax to 416-646-5406
4. Application Fee is due at the time of application submission. Full payment must be received by MLI Homestay prior to arrival.

PARTICIPANT INFORMATION

SURNAME	GIVEN NAME(S)	PLEASE ATTACH PHOTO HERE (Attach photo to email if sending pdf of this application via email)	
DATE OF BIRTH (YYYY / MM / DD) ____/____/____	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
NATIONALITY	E MAIL ADDRESS		
LEVEL OF ENGLISH <input type="checkbox"/> BEGINNER <input type="checkbox"/> INTERMEDIATE <input type="checkbox"/> ADVANCED	LANGUAGES SPOKEN		
STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY OF RESIDENCE	POSTAL CODE

PARENT/GUARDIAN INFORMATION

Please clearly **PRINT** names as they appear on legal documents. This information will be used to create legal custodial documents.

PARENT/GUARDIAN (1) SURNAME	PARENT/GUARDIAN (1) GIVEN NAME(S)	RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	
OCCUPATION	BUSINESS TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	DATE OF BIRTH (YYYY / MM / DD) ____/____/____	
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN	
ADDRESS: <input type="checkbox"/> SAME AS PARTICIPANT <u>OR</u> STREET ADDRESS			
CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE

PARENT/GUARDIAN (2) SURNAME	PARENT/GUARDIAN (2) GIVEN NAME(S)	RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> GUARDIAN	
OCCUPATION	BUSINESS TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	DATE OF BIRTH (YYYY / MM / DD) ____/____/____	
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN	
ADDRESS: <input type="checkbox"/> SAME AS PARTICIPANT <u>OR</u> STREET ADDRESS			
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PARENTS ARE: <input type="checkbox"/> MARRIED <input type="checkbox"/> COMMON-LAW <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED				
PARTICIPANT LIVES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER: _____				
IF DIVORCED, LEGAL CUSTODY OF THE PARTICIPANT RESIDES WITH: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER: _____				
PARENT WHO SHOULD RECEIVE COMMUNICATIONS: <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER: _____				

SIBLINGS:

NAME	RELATIONSHIP	AGE	OCCUPATION/STUDY LEVEL

EMERGENCY CONTACT (if parents are unavailable for consultation)

SURNAME	GIVEN NAME(S)	RELATIONSHIP
EMAIL ADDRESS	HOME/MOBILE TELEPHONE (INCLUDE COUNTRY AND AREA CODES)	LANGUAGES SPOKEN

PARTICIPANT INFORMATION

WHEN SPEAKING ENGLISH I: <input type="checkbox"/> WORRY ABOUT MISTAKES <input type="checkbox"/> WELCOME CORRECTION	
<input type="checkbox"/> FOCUS ON GRAMMAR <input type="checkbox"/> JUST TALK HOWEVER IT COMES OUT	
PERSONALITY TRAITS	
<input type="checkbox"/> AFFECTIONATE <input type="checkbox"/> CHEERFUL <input type="checkbox"/> SOCIABLE <input type="checkbox"/> OPTIMISTIC <input type="checkbox"/> SHY <input type="checkbox"/> ACTIVE <input type="checkbox"/> ADAPTABLE <input type="checkbox"/> HUMOROUS <input type="checkbox"/> SERIOUS <input type="checkbox"/> CURIOUS <input type="checkbox"/> TALKATIVE <input type="checkbox"/> RELAXED <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> QUIET <input type="checkbox"/> TIDY <input type="checkbox"/> DISORGANIZED <input type="checkbox"/> ENERGETIC <input type="checkbox"/> PATIENT	
I MAKE NEW FRIENDS EASILY: <input type="checkbox"/> YES <input type="checkbox"/> NO	IN NEW SITUATIONS I TEND TO: <input type="checkbox"/> WORRY OR STRESS <input type="checkbox"/> EMBRACE THE CHALLENGE
I HAVE A PET AT HOME: <input type="checkbox"/> NO <input type="checkbox"/> YES, I HAVE:	I ATTEND RELIGIOUS SERVICES: (OPTIONAL) <input type="checkbox"/> OFTEN <input type="checkbox"/> OCCASIONALLY <input type="checkbox"/> RARELY <input type="checkbox"/> NEVER
HAVE YOU EVER LIVED AWAY FROM HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YES, PLEASE DESCRIBE THE EXPERIENCE:	
ACTIVITIES YOU ENJOY	
SPORTS	
<input type="checkbox"/> FOOTBALL <input type="checkbox"/> GOLF <input type="checkbox"/> HORSEBACK RIDING <input type="checkbox"/> ICE HOCKEY <input type="checkbox"/> MARTIAL ARTS <input type="checkbox"/> SAILING <input type="checkbox"/> CROSS-COUNTRY SKIING <input type="checkbox"/> DOWNHILL SKIING <input type="checkbox"/> SOCCER <input type="checkbox"/> SWIMMING <input type="checkbox"/> TENNIS <input type="checkbox"/> VOLLEYBALL <input type="checkbox"/> BASEBALL <input type="checkbox"/> BASKETBALL <input type="checkbox"/> CAMPING <input type="checkbox"/> CYCLING <input type="checkbox"/> FIELD HOCKEY <input type="checkbox"/> RUNNING <input type="checkbox"/> HIKING <input type="checkbox"/> CANOEING/KAYAKING	
OTHER: _____	
OTHER INTERESTS	
<input type="checkbox"/> COOKING <input type="checkbox"/> DANCE <input type="checkbox"/> MUSIC (POPULAR) <input type="checkbox"/> MUSIC (CLASSICAL/JAZZ) <input type="checkbox"/> PAINTING/DRAWING <input type="checkbox"/> READING <input type="checkbox"/> PHOTOGRAPHY <input type="checkbox"/> THEATRE <input type="checkbox"/> SINGING <input type="checkbox"/> MOVIES <input type="checkbox"/> SEWING <input type="checkbox"/> CHESS <input type="checkbox"/> COMPUTERS <input type="checkbox"/> BOARD GAMES <input type="checkbox"/> SHOPPING <input type="checkbox"/> SIGHTSEEING	
OTHER: _____	

FOOD PREFERENCES/ALLERGIES

WHICH OF THE FOLLOWING STATEMENTS APPLIES TO YOU?

<input type="checkbox"/> I EAT ALMOST EVERYTHING	<input type="checkbox"/> I LIKE A HOT BREAKFAST
<input type="checkbox"/> I AM VEGETARIAN	<input type="checkbox"/> I PREFER A LIGHT BREAKFAST
<input type="checkbox"/> I AM VEGAN	<input type="checkbox"/> I DON'T EAT BREAKFAST AT ALL
<input type="checkbox"/> I REALLY ENJOY COOKING	<input type="checkbox"/> I EAT VEGETABLES
<input type="checkbox"/> I HAVE NEVER COOKED FOR MYSELF	<input type="checkbox"/> I AM VERY CONCERNED ABOUT GAINING WEIGHT
<input type="checkbox"/> I AM OPEN TO TRYING NEW FOODS	<input type="checkbox"/> I AM NOT VERY ADVENTUROUS WITH NEW FOODS
<input type="checkbox"/> I LOVE DESSERTS	<input type="checkbox"/> I DO NOT EAT RED MEAT (BEEF, VEAL, LAMB)

LIST YOUR FAVOURITE FOODS:	LIST FOODS WHICH YOU <u>CANNOT</u> EAT:
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DO YOU HAVE ANY FOOD ALLERGIES? NO YES, INCLUDING: _____

DO YOU HAVE ANY ALLERGIES TO ANIMALS? NO YES

Dog Cat Other. _____

DO YOU HAVE ANY OTHER ALLERGIES?

OTHER ALLERGIES:	REACTION	MEDICATIONS	IS THIS ALLERGY LIFE-THREATENING?
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

DO YOU SMOKE? NO YES

IF YES, YOU MUST AGREE NOT TO SMOKE AT SCHOOL OR IN YOUR HOMESTAY.

DO YOU AGREE NOT TO SMOKE INSIDE (INCLUDING YOUR BEDROOM)? NO YES

WOULD YOU AGREE TO LIVE IN A HOME WHERE OTHERS SMOKE OUTSIDE? NO YES

BE TRUTHFUL. Misrepresentation may result in a required change of host family at a supplementary cost.

NOTE: in most provinces in Canada, the legal age to purchase cigarettes is 18 or 19 years. Host families and other adults are legally forbidden to purchase cigarettes for underage persons.

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HEALTH INFORMATION

GENERAL HEALTH:	<input type="checkbox"/> EXCELLENT	<input type="checkbox"/> GOOD	<input type="checkbox"/> FAIR	<input type="checkbox"/> POOR
Do you have a physical or medical condition for which you require special medication or services? <input type="checkbox"/> YES <input type="checkbox"/> NO (This includes mental health conditions such as ADD/ADHD, anxiety, depression, eating disorder) If yes, please explain:				
Are you currently taking any medication? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:				
Are there any medications that you are not able to take or have allergies to? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain:				

MEDICAL AGREEMENT AND RELEASE

1. I hereby authorize MLI Homestay to seek medical attention, if required, for me/my son/daughter in the event of sickness, accident or other emergency during the program. I/We certify that the above information is correct to my/our knowledge.

2. In the case of medical emergency, should I/we not be immediately available for consultation, I/we, as the Participant's parent(s) or legal guardian(s), give permission to the physician selected by MLI Homestay, the Host Family or the school officials to hospitalize, secure proper treatment for, and to order injections, immunizations/vaccinations, anesthetics or surgery for my/our child.

2. For simple headaches, fever or other minor pain, I/we permit the host family, MLI Homestay or the school staff to administer the prescribed dose of:

ASPIRIN ACETAMINOPHEN (ex. Tylenol) IBUPROFEN (ex, Advil, Motrin)

POLYSPORIN ANTACID (Tums, Maalox, etc.) COUGH MEDICINE

THROAT LOZENGES ANTIHISTAMINE (ex. Sudafed, Benadryl)

3. I/we hereby agree that the relationship and the resolution of any and all disputes arising therefrom between ourselves and health services provided through MLI Homestay, the Host Family or the school officials, shall be governed by and construed in accordance with the laws of the province in which the program is operated. I/we hereby acknowledge that the treatment will be performed in the province in which the program is operated and that the courts of that province shall have jurisdiction to entertain any complaint, demand, claim or cause of action whether based on alleged breach of contract or alleged negligence arising out of the treatment. I/we hereby agree that if I/ we commence any such legal proceedings they will be only in the province in which the program is operated, and hereby irrevocably submit to the exclusive jurisdiction of the provincial courts.

4. I/we confirm that my/our child is not affected by or does not have a history of medical, psychiatric or emotional difficulties, nor does my/our child have any condition that would impact the success of his/her homestay program.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



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ABOUT YOU

Why have you chosen to come to Canada and stay in homestay? What do you hope to achieve during your time in Canada?

From what you know of Canada, what would you most like to see or do during your stay?

What expectations do you have of your homestay experience?



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HOMESTAY PROGRAM INFORMATION

DATE OF APPLICATION (YYYY / MM / DD) ____ / ____ / ____		
ARRIVAL (YYYY / MM / DD) ____ / ____ / ____	FLIGHT # AND TIME	AIRPORT TRANSFER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO
DEPARTURE (YYYY / MM / DD) ____ / ____ / ____	FLIGHT # AND TIME	AIRPORT TRANSFER REQUIRED: <input type="checkbox"/> YES <input type="checkbox"/> NO

SCHOOL INFORMATION (Please complete this section only if attending a school program in Canada)

SCHOOL	GRADE/LEVEL	START DATE (YYYY / MM / DD) ____ / ____ / ____	END DATE (YYYY / MM / DD) ____ / ____ / ____
STREET ADDRESS		CITY	PROVINCE POSTAL CODE

- YES, I REQUIRE CUSTODIANSHIP SERVICES FROM MLI HOMESTAY. (Custodianship page of this application must be completed and signed)
- NO, I HAVE A CUSTODIAN IN CANADA (Please complete Custodian Information section below)

CUSTODIAN INFORMATION

SURNAME	GIVEN NAME(S)	SIGNATURE	
WORK TELEPHONE	HOME/MOBILE TELEPHONE	EMAIL ADDRESS	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

- I REQUIRE ASSISTANCE WITH OTHER SERVICES:

Please specify other services: _____

AGENT INFORMATION

AGENCY NAME	CONTACT PERSON	TELEPHONE NUMBER (INCLUDE COUNTRY AND AREA CODES)
CITY AND PROVINCE	COUNTRY	EMAIL ADDRESS

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PARTICIPATION AGREEMENT

These rules concern all Participants in the MLI Homestay Program. Please read carefully and sign your name after you fully understand and agree to comply with these rules.

Legal Obligations

- Participants must abide by the federal and provincial laws of Canada and their own native country.
- Participants must only use drugs prescribed by a medical practitioner. The use or possession of any type of illegal drugs (including marijuana/cannabis), or the abuse of prescription or non-prescription medications is an illegal activity in Canada.
- The consumption or possession of alcoholic beverages is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited. Asking an adult to purchase alcohol on a minor's behalf is illegal.
- Smoking is not permitted on school property or inside any public building. Purchase of cigarettes and tobacco products is illegal for persons under the age of 19 (18 in some provinces) and is therefore prohibited. Asking an adult to purchase tobacco on a minor's behalf is illegal.
- Violence, aggression, harassment or bullying is strictly forbidden behaviour. *Harassment can be a single incident or a series of incidents including words, acts or gestures of a malicious or abusive nature directed at a person or a group of persons for reasons of: academic ability, age, sex, sexual orientation, disability, economic status, language, race, ethnicity, religion, appearance or colour.*
- Participants are not permitted to drive any motorized vehicle.
- Participants must not participate in any sexual contact or sexual activity that is inappropriate. In most countries, sexual activity among teens/young adults is considered a breach of moral standards. Participants who are of legal age must not participate in any sexual contact with a person who is under legal age.
- Participants must not accept paid employment or enter into any contractual agreement, be it business, marital or religious.

Cause for Program Termination

- In the event that the Participant does not comply with the rules and regulations, I understand that MLI has the right to terminate participation in the MLI Homestay Program which will result in immediate release of MLI Homestay and MLI Inc.'s responsibility. If this occurs the Participant will be responsible to arrange his/her own accommodation immediately at his/her/parents own expense.
- Participants must maintain school attendance. School expulsion may result in termination of homestay program and custodianship.
- If it is discovered that the Participant and/or parents/legal guardians have knowingly provided false or misleading information as part of the application, homestay program and custodianship may be terminated.
- If the Participant and/or parents/legal guardians fail to notify MLI Homestay of any change relating to the student's physical or mental well-being prior to his/her program departure, and the change affects the success of the homestay program, dismissal of the program may result.
- Incriminating evidence related to inappropriate behaviour or violations of program rules discovered in photos or comments posted online may result in program dismissal.
- Online profiles must be consistent with how students present themselves in application forms. If MLI Homestay or any potential host family discover that the student is different from that portrayed in their application, dismissal from the program may result.

I, _____ (Participant) agree to the following regulations:

- I will show respect for MLI Homestay staff, coordinators and host families and obey their instructions.
- I will show respect for my host family and act as a member of the family by obeying the family/house rules.
- I will voluntarily help with reasonable household chores.
- I will not smoke if I have identified myself as a non-smoker on the Application Form.
- I understand that misrepresenting myself on the Application Form may result in an inappropriate homestay placement. If I must be moved to a new homestay due to this misrepresentation (eg. smoking when identified as a non-smoker, inaccurate report of allergy information), I understand that I/my natural parents will be responsible for a \$350.00 CAD administrative fee.
- I will respect my host family's private affairs.
- I understand that International phone calls using the host family telephone line require host family approval and I will use a calling card.
- I understand that Internet usage will be at the discretion of the host family. I know that the family is not responsible for providing a personal telephone or cable line for Participant use.
- I will not visit any illegal or pornographic website, nor will I download any pornographic images onto my/my host family's computer. I will not download any images, movies, games without the express consent of my host family.
- When posting pictures, messages or comments on any social media site, I will respect personal honour and NOT post negative or hurtful messages/photos of my peers, my or anyone's family, school staff, and MLI Homestay staff.
- In case of illness, I will immediately inform my host family or contact the MLI Homestay Department. Any medical expenses incurred will be fully covered by my medical insurance and/or by my parents when the medical expenses are in excess of the insured amount or the procedure is not covered by my medical insurance.
- I understand that I cannot decide to make any changes to my host family of my own accord. Any change in host family must be preapproved by the MLI Homestay Department.
- Parents and friends may not visit the student during the program and may not disturb the host family life.
- MLI Homestay must be contacted with detailed arrangements at least 2 weeks in advance of student vacations and/or other time away from the host family during the program.
- I am permitted to visit relatives and close family friends only if I have permission from both my host parents and MLI coordinator. I am permitted overnight visits with friends of the same sex with permission from my host parents. I understand that these visits should be occasional and my host parents will contact the parties involved to ensure this visit causes no inconveniences.
- If I wish to travel, I must submit a TRAVEL REQUEST at least 2 weeks prior to my scheduled trip to MLI Homestay. I understand that I am not permitted to travel overnight without an adult over the age of 25, and that I am financially responsible for fees incurred.

Participants and parents/legal guardians understand that not following the above rules may have negative effects on the participant's integration in the host family, community and/or success in school. **Participant also agrees to the above rules even if 18 years of age or older before or during the program.** I/we acknowledge that we have read, understood and agree to all of the above conditions of the Participation Agreement.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____



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GENERAL AGREEMENT AND RELEASE

As the parent/legal guardian of: _____ (Participant name),

1. I am aware of and approve of my/our child's decision to participate in the MLI Homestay program in Canada.
2. I have read and signed the "Participation Agreement" as set forth for my/our child by MLI Homestay.
3. I agree that all the information in the application is true to the best of my/our knowledge and that any falsification of information may lead to the dismissal of my child from the program.
4. I/we agree that the Participant is capable of participating safely in all such activities, except as otherwise advised in writing.
5. The undersigned Participant is in good health and has not been exposed to any infectious disease during the 4 weeks immediately prior to his/her arrival in Canada; otherwise, we agree to notify MLI Homestay immediately and cancel or delay the Participant's arrival in Canada.
6. I/we agree to pay for the expenses incurred by or on behalf of the undersigned student, related to their participation in MLI Homestay programs, including but not limited to the Participant's long distance telephone expenses, internet overuse expenses, any damages caused to the host family's home from the result of negligence or intent, and medical expenses.
7. I/we agree to provide sufficient funding for my/our child's personal spending and travel expenses.
8. I/we agree to obtain all necessary and sufficient insurance.
9. I/we permit MLI Homestay to use any photographs, images or videos of my/our child in their promotional materials.
10. I hereby waive, release and absolve and agree to indemnify and save harmless MLI Inc., MLI Homestay, the Host Family from all liability arising from my child's participation in the Homestay program, except such as results solely from its or their wilful neglect or wilful default.

I/we acknowledge that we have read, understood and agree to all of the above conditions of the General Agreement and Release.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____

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CUSTODIANSHIP AGREEMENT

Please complete this page of the application only if you have elected to retain the Custodianship Services of MLI Homestay.

A minor in Canada is defined as under the age of majority which is under the age of 18 years old (19 years old in British Columbia, Nova Scotia, and New Brunswick). If you are considered a minor in Canada and wish to stay in homestay or study in Canada, you will require a custodian. While you require a custodian in order to obtain your study permit from Citizenship and Immigration Canada (CIC). MLI Homestay also requires that any minor travelling to Canada alone without a parent or teacher/adult chaperone who will act on behalf of the parent requires a custodian to stay in homestay. The Custodianship service includes the following:

- Preparation of notarized Custodianship documents.
- Orientation with the Participant by an MLI Homestay representative at the beginning of stay
- Maintaining contact with the student to ensure safety and well-being
- Signing parental waivers for school-related functions and activities
- Providing access to 24 hour emergency contact

As the parent/legal guardian of: _____ (Participant Name), I/we confirm that:

- Participant is a student registered in full-time studies with a local Canadian secondary school or university/college;
- Participant is under the age of 18 (19 in British Columbia and New Brunswick)
- Participant does not have any adult relatives residing in the province where he/she will be studying/participating in the homestay program;
- Participant commits to staying with a MLI Homestay appointed host family until their 19th birthday and agrees to find a new custodian when ending the MLI Homestay program;
- I/we and the Participant understand that MLI Homestay is my custodian and responsible for me for the duration of my academic and homestay program. I also understand that this responsibility ends when I return to my home country or after the date stated on the notarized custodianship document, whichever comes first.
- I/We and the Participant have read, understood and agreed to the conditions of the MLI Homestay Participation Agreement and General Agreement and Release. This confirms agreement to MLI Homestay standards and conditions that if they are not met will void the custodianship. I understand that dismissal from the program shall result in termination of custodianship and immediate release of MLI Homestay's responsibility as custodian. Failure to provide an independent custodian will result in a Report to Citizenship and Immigration Canada to subsequently nullify the Study Permit.

TRIPS, ORGANIZED SPORTS AND ACTIVITIES

1. I/we grant permission for my/our child to participate in school organized and supervised field trips, and regular sports activities.
2. I/we authorize MLI Homestay and my/our child's homestay parents to approve and sign permission slips for any school sponsored field trips, sports teams, club activities and other extra-curricular activities at their discretion. I/we also understand that if my child is considering participating in a school-sponsored high risk activity, I/we will be notified and acknowledge that I/we may be asked to sign an additional waiver form specific to that event or activity. I/we may choose at that time to decline my/our permission.
3. I/we authorize MLI Homestay and Host Parents to make the determination for student travel for the duration of the student's participation. It is understood that this authorization is given in advance only when the Participant is traveling and supervised by a Host parent or a representative of a school program or any tour operator approved by MLI Homestay. I/we understand that the Participant may not travel unsupervised.
4. I/we grant permission for my/our child to participate in what may be deemed as high-risk activities as follows:

ACTIVITY	PERMISSION	ACTIVITY	PERMISSION	ACTIVITY	PERMISSION
Snow Tubing	<input type="checkbox"/> YES <input type="checkbox"/> NO	American Football/Rugby	<input type="checkbox"/> YES <input type="checkbox"/> NO	Cycling	<input type="checkbox"/> YES <input type="checkbox"/> NO
Snowboarding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Indoor Rock Climbing	<input type="checkbox"/> YES <input type="checkbox"/> NO	Horseback Riding	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skating (Roller or Ice)	<input type="checkbox"/> YES <input type="checkbox"/> NO	Snowmobiling	<input type="checkbox"/> YES <input type="checkbox"/> NO	Canoeing/Kayaking	<input type="checkbox"/> YES <input type="checkbox"/> NO
Ice Hockey	<input type="checkbox"/> YES <input type="checkbox"/> NO	Motorized Water Sports	<input type="checkbox"/> YES <input type="checkbox"/> NO	Swimming	<input type="checkbox"/> YES <input type="checkbox"/> NO
Skateboarding	<input type="checkbox"/> YES <input type="checkbox"/> NO	Skiing (Downhill/Cross-Country)	<input type="checkbox"/> YES <input type="checkbox"/> NO		

I/we acknowledge that we have read, understood and agree to all of the above conditions of the Custodianship Agreement.

PARTICIPANT NAME	PARTICIPANT SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (1) NAME	PARENT/GUARDIAN (1) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____
PARENT/GUARDIAN (2) NAME	PARENT/GUARDIAN (2) SIGNATURE	DATE (YYYY / MM / DD) ____/____/____