



Parent or Legal Guardian Hosting Contract

Name of participant: _____

I will be hosting. YES NO

How many? _____

If you answered yes, please review and sign below.

I understand that to participate in a travel based in person exchange, all participant and group leader travelers will need to meet any travel and transportation vaccination requirements as outlined by the Government of Canada at the time of travel.

I also understand that all participants and group leaders will need to adhere to local, provincial and territorial public health guidelines, mandates and vaccination requirements in both home and host communities throughout the duration of the exchange period.

I agree to respect the culture and values of the participant(s) I am hosting. I agree that I will not discriminate or permit any discrimination by reason of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, gender identity, gender expression, age, marital status, family status or disability.

I agree to host the participant(s) and provide accommodation (personal sleeping space, adequate toilet facilities), meals and snacks as outlined on the host plan provided by the group leader and arrange approved local transportation for the duration of the exchange.

I have provided the names of four references (not related) and understand that you will call three of them.

I understand that the contents of this application will remain confidential. I understand the host family screening is mandatory for participation in this national exchange program and I will take part in the specific procedures put into place by the group organizer in this regard.

I agree to notify the group organizer in a timely manner if any changes need to be made to the billeting arrangements.

I agree to provide adult supervision and take full responsibility for the participant(s) while they are hosted in my home. I will provide a safe and secure environment.

I will provide whatever help is needed in getting a sick participant to a doctor or hospital and to inform the group leader immediately of the situation.

I have read the above responsibilities as a host and I am willing to undertake this responsibility and will receive as a guest in my home a billet(s) with all the privileges and responsibilities this entails.

Signature of **parent or legal guardian**

Date



Family References

Please list four people. They **MUST NOT be related to you**, and they **MUST** have known you for at least three years. Please provide home/cell and work numbers. We will contact three of the names you list. Please ask them to agree to be references before you give us their names. Thanks.

Name of participant _____

Name of parent or guardian _____

1. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

2. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

3. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

4. Name of reference _____

Relationship to family _____

Phone: home _____ work _____

They could include an employer, co-worker, family doctor or your child's teacher or principal. References that would not be appropriate would include employees, family members such as in-laws or partner