



Lets Homestay Japan Cultural Experience Hitachi and Tokyo Application Form



Full Name: _____

Preferred Name: _____

Age: _____ Date of Birth: _____ Gender: M F

School: _____

Address

Street: _____ Suburb: _____

Town/City: _____ Postal Code: _____

Home Phone: _____ Mobile: _____

Email Address: _____

(This email address will be used for all correspondence)

**Please attach
photo here**

(A clear photo must be
attached here or you may
send photos as email
attachments with this

Family Information

Father's Name: _____ Occupation: _____ Mobile: _____

Mother's Name: _____ Occupation: _____ Mobile: _____

Emergency contact number if different from above _____

Home Phone (if different from above): _____

Parents Email Address (if different from above): _____

Name and Age of Sister(s): _____

Name and Age of Brother(s): _____

Health *(Note: You must complete the attached Medical Form)*

Explain any allergies, dietary restrictions, or other health conditions or problems:

Travel Insurance

Do you have any pre-existing conditions _____

Any Items valued over \$1500 taking with you? _____

(If so there may be an extra charge on your insurance policy)

Hobbies and Interests

What are your hobbies and interests? _____

What is your favorite subject? _____

How many years have you studied Japanese? _____

T shirt size

Mens syle size (please check) XXL XL L M S XS XXS

Ladies syle size (please check) 18 16 14 12 10 8 XS XXS

Family Photos

Please include here



Medical Form

Participant' Name: _____

DOB: _____ Age: _____

Medical and Travel Authorisation

This is to authorize the representative of Lets Homestay or any other authorised representative (including the parents of the host family with whom my child/ward will be staying) to make decisions regarding the well-being of my child while engaged in this exchange program, including any medical or surgical care needed for my child's welfare. In addition, the Lets Homestay representative or any authorised representative, is authorised to make any necessary travel plans or arrangements for my child in case of an emergency.

Signature of parent/guardian: _____ Date: _____

Medical Information

Fill in the blanks with checks and/or necessary information.

A. Have you ever had, or been inoculated for any of the following?

	Contracted		Inoculated		Month & Year of Last Injection	
	(はい)	(いいえ)	(はい)	(いいえ)	Month (月)	Year (年)
Diphtheria (ジフテリア)	Yes _____	No _____	Yes _____	No _____	_____	
Polio (ポリオ)	Yes _____	No _____	Yes _____	No _____	_____	
Typhus (チフス)	Yes _____	No _____	Yes _____	No _____	_____	
German Measles (風疹)	Yes _____	No _____	Yes _____	No _____	_____	
Measles (はしか)	Yes _____	No _____	Yes _____	No _____	_____	
Whooping Cough (百日咳)	Yes _____	No _____	Yes _____	No _____	_____	
Chicken Pox (水ぼうそう)	Yes _____	No _____	Yes _____	No _____	_____	
Mumps (おたふくかぜ)	Yes _____	No _____	Yes _____	No _____	_____	

Tetanus Inoculations: Preventive Injection Yes _____ No _____ Date of last Inj. _____
 Serum Injection Yes _____ No _____ Date of last Inj. _____

B. Do you have or are you subject to any of the following? If "yes", please explain condition and frequency.

	Yes _____	No _____	Condition/Frequency
Asthma	Yes _____	No _____	_____
Diabetes	Yes _____	No _____	_____
Heart Trouble	Yes _____	No _____	_____
Lung Trouble	Yes _____	No _____	_____
Fainting spells	Yes _____	No _____	_____
Convulsions	Yes _____	No _____	_____
Epilepsy	Yes _____	No _____	_____
Any other disorder	_____		

C. Do you have any allergies or reactions to drugs or non-drug items?

Medicine: Penicillin or related medicine Yes___ No_____

Aminophyrine or sulpyrine type medicine Yes___ No_____

Others (list) _

Non-drug items such as dust, pollen, cat-hair, etc.: _____

D. If you are carrying medicines/prescriptions, fill in the following. Put "P" for prescriptions.

Name of Medicine	For what illness symptoms?	Dosage & Times Taken
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

E. Do you have any difficulties with any of the following?

Eyes Yes___ No___ Remarks _____

Ears Yes___ No___ Remarks _____

Nose Yes___ No___ Remarks _____

Throat Yes___ No___ Remarks _____

Digestion Yes___ No___ Remarks _____

Sleepwalking Yes___ No___ Remarks _____

Bed-wetting Yes___ No___ Remarks _____

Menstrual Problems Yes___ No___ Remarks _____

Any other difficulties _____

F. Are there any physical activities that you are restricted from doing?

Please list _____

G. Are you on a special diet? If so, what kind? _____

H. Any additional information the host parents should be aware of: _____

Participant Agreement

AS A PARTICIPANT IN THE LETS HOMESTAY JAPAN CULTURAL EXPERIENCE

I recognise the opportunity this trip offers to me. I am aware that my behaviour will reflect on my family, home, community and country and that many people will base their opinions of New Zealand youth on me and my actions. Therefore, I pledge to cooperate in every way to make this trip a rewarding and positive experience.

I AGREE TO:

1. Follow schedules and attend all planned activities.
2. Remain in assigned areas at all times.
3. Show courtesy at all times, especially in restaurants, hotels and public places.
4. Leave sites and public areas neat and clean.
5. Respect the suggestions of all adults connected to this program, even if they are not my assigned leaders or teachers, and even if they are from other countries or organisations.
6. Dress appropriately at all times while in public.
7. Participate in the life of my host family.
8. Show respect to my host family and others I meet in Japan.
9. Abide by the laws of Japan and my home country.

I AGREE TO REFRAIN FROM:

1. Inappropriate sexual behaviour or public display of affection.
2. Profane, obscene or discriminatory language.
3. Accepting, carrying or using alcohol, tobacco, or illegal drugs.
4. Operating a motor vehicle of any kind.

I UNDERSTAND that misconduct on my part may result in my being sent home. If I am sent home due to misconduct on my part, or if I elect to return home before completion of the program for any reason, additional travel and related expenses will be the responsibility of my parents or legal guardian, and fees will not be refunded. If damage to property occurs, I can be assessed for the cost of replacement or repairs.

MY PARENTS AND I or legal guardian agree to indemnify and hold harmless all organisations involved in this exchange program against any claims, losses, expenses or payments resulting from any misbehavior on my part or any act, or failure to act, by me.

I HAVE READ, AND WILL ABIDE BY THIS AGREEMENT:

Applicant's Signature _____ Date _____
(day / month / year)

Parent/Guardian's Signature _____ Date _____
(day / month / year)

Media Permission

By ticking this box, I give permission for any images taken of me during the program to be used for promotional purposes.