

I Love Taiwan Mission Camp 2019

Application Form

Date: ____ / ____ / ____

| | | | | | |
|---|--|--|--|---------------|---|
| Passport Name | | | | Photo | |
| Preferred Name(optional) | | | | | |
| Date of Birth | | Passport Number | | | |
| Affiliated Church | | Gender | <input type="checkbox"/> Female <input type="checkbox"/> Male | | |
| School/Major | | Occupation | | Nationality | |
| Address | | | | Clothing size | <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2XL <input type="checkbox"/> 3XL |
| Phone/Fax Number | | Email | | | |
| Emergency Contact | | Phone number | | Relation | |
| Language Ability | English | <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None | | | |
| | Taiwanese | <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None | | | |
| | Mandarin | <input type="checkbox"/> Good <input type="checkbox"/> Limited <input type="checkbox"/> None | | | |
| | Other | | | | |
| Have you ever participated in ILT? | <input type="checkbox"/> YES Please note the year you have stayed. _____ Please note the local church you have stayed. _____ | | | | <input type="checkbox"/> NO |
| Special Skills | <input type="checkbox"/> Art <input type="checkbox"/> Drama <input type="checkbox"/> Writing <input type="checkbox"/> Story-Telling <input type="checkbox"/> Sport <input type="checkbox"/> Computer <input type="checkbox"/> Music <input type="checkbox"/> Musical Instruments <input type="checkbox"/> Photography | | | | |
| Field of interest | <input type="checkbox"/> Kids teaching <input type="checkbox"/> Teenagers leading <input type="checkbox"/> Community service <input type="checkbox"/> Environmental concerns | | | | |
| Brief Introduction of yourself | At least 100-200 words please. | | | | |
| Special dietary | <input type="checkbox"/> Vegetarian | | | | |
| other requirement | | | | | |
| It is recommended that you get the endorsement of the General Secretary of your church and are in close contact with your church body and parental consent. | | | | | |
| Parental Consent | | | | Sign | |
| Endorsement of your Church | | | | Sign | |

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- Health Agreement and Liability Release Form -

Parents and Participants: This form is MANDATORY for participation. Please read it carefully and sign where indicated. Participants' over 18 years of age do not require parental consent but we still need this completed form on file.

Participant's Name: _____ Date of Birth: _____

Home Address: _____

E-mail Address: _____

In case of emergency, notify: _____ Phone: _____

Health Statement:

Is the participant currently under treatment for a medical condition? Yes / No

If yes, please describe: _____

Has the participant been under treatment for a medical condition in the past? Yes / No

If yes, please describe: _____

List all medications the participant is currently taking: _____

List any known allergies to medication: _____

Parental Consent:

I, _____ (name of parent/guardian) give permission for the "I Love Taiwan Mission Camp" staff and its affiliates to act in my behalf to approve appropriate medical treatment for my son/daughter/participant _____ should an emergency medical treatment be necessary and will make any necessary financial reimbursements.

I, _____, the participant, am of lawful age and legally competent to sign this Medical Release.

I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless the "I Love Taiwan Mission Camp" staff and its affiliates from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of the Medical Release by reading it and that the medical and insurance information I give below is accurate.

Health Insurance Carrier: _____ Policy #: _____

Policy Holder's Name: _____ Doctor's Name: _____

Parent / Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____