



A. "I Love Taiwan Mission 2013" June 26 - July 13 B. "Taiwan Youth (TKC) Convention" July 17 - 20

Application Fo	<u>rm</u>				D	0ate :	
Name	Passport :				Gender	F 🗌	
Nume	Chinese Characters :				Gender	Μ 🗌	
Date of Birth (DD/MM/YYYY)			Passport N	umber			Photo
Church			Occupat	ion			
School / Major							
Address				1			
Tel/ Fax	(T) (F)			Email			
Emergency Contact	Name :	Phone n	umber :				Relation:
	Taiwa	inese l	Mandarin	Englis	h C	Others :	
Language Ability	Speak Read & Write Listen						
 I wish to apply for (please select one or both, which you would like to participate) A. "I Love Taiwan Mission 2013" June 26 – July 13 B. "Taiwan Youth (TKC) Convention" July 17 - 20 							
Have you ever	participated in ILT? If yes,	-	e which year a ,		d which c church	hurch in Ta	aiwan.
Special Skills	Art Drama Writing Story-Telling Sport Computer Music Music Instruments Photography Other						
Field of	Kids teaching			_		•	
interest	Environmental conc	erns	Othe	er			
Brief Introduction of yourself							
Special Need	□ Vegetarian □Allergy			Otl	ners		
Parent Endorse			Арр	licant S	ign		
Local Church Endorse							

* Please fill it out and send back to your denomination contact person.





I LOVE TAIWAN MISSION 2013

- 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:							
City:State/County/Country:	Zip:						
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:	