**I Love Taiwan Mission Camp 2018**

***Application Form*** *Date* ：

\*please write in **capital letter**

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| Name | Passport：Chinese Characters： | Gender | F □M □ | Photo |
| Date of Birth(DD/MM/YYYY) |  | Passport Number |  |
| Church |  | Occupation |  |
| School / Major |  | Clothing size | (S/M/L/2L/3L) |
| Address |  |
| Tel/ Fax | (T) (F) | Email |  |
| Emergency Contact | Name： | Phone number： | Relation: |
| LanguageAbility |  Taiwanese Mandarin English Others：  |
| SpeakingReading WritingListening |  □ □ □ □□ □ □ □□ □ □ □□ □ □ □ |
| **Have you ever participated in ILT?** If yes, please note the year and the local church you have stayed.□ No □ Yes, , church |
| Special Skills | □ Art □ Drama □ Writing □ Story-Telling□ Sport □ Computer □ Music □ Musical Instruments □ Photography □ Other  |
| Field of interest |  □ Kids teaching □Teenagers leading □ Community service □ Environmental concerns □Other  |
| BriefIntroduction of yourself |  |
| Special Needs | □ Vegetarian □Allergy □Others  |
| Parent Endorsement  |  | Sign |  |
| Local Church Endorsement |  |

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| **I Love Taiwan Mission Camp 2018**- 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 / NoIf yes, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Has the participant been under treatment for a medical condition in the past? Yes / NoIf 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: \_\_\_ \_\_\_\_\_\_\_\_\_ |