



I LOVE TAIWAN MISSION 2023

我愛台灣宣教營 July 5-19

שלום



pêng-an

평안

平安でありますように

Shalom

εἰρήνη
Peace



Application Form



Please write in capital letter

Name	Passport : Chinese Characters :		Gender	F <input type="checkbox"/> M <input type="checkbox"/>	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:	
Language Ability	Taiwanese Mandarin English Others : _____				
	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Listening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever participated in ILT? If yes, please note the year and the local church you have stayed. <input type="checkbox"/> No <input type="checkbox"/> Yes, _____ , _____ church					
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 <input type="checkbox"/> Other _____				
Field of interest	<input type="checkbox"/> Kids teaching <input type="checkbox"/> Teenagers leading <input type="checkbox"/> Community service <input type="checkbox"/> Environmental concerns <input type="checkbox"/> Other _____				
Brief Introduction of yourself					
Special Needs	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Allergy _____ <input type="checkbox"/> Others _____				
Parent Endorsement		Sign			
Local Church Endorsement					





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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: _____

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: _____