

International Youth Camp 2018

APPLICATION FORM

PHOTO

Name

(名前)

First Name

Last Name

Birthdate
(生年月日)

Day

Month

Year

Age

Sex

Mailing Address

(現住所)

Tel:

Fax:

Cellphone :

Email:

Quarters Address

School

(在学校)

Grade
(学年)

Character

(性格)

Hobbies/Interest/Sports

(趣味)

Father's Name

(父親の名前)

Mother's Name

(母親の名前)

Father's

Occupation

(父親の職業)

Mother's

Occupation

(母親の職業)

Understanding the purpose of the program of INTERNATIONAL YOUTH ASSOCIATION of JAPAN, I agree that my son/daughter will participate in the program. I also agree to authorize The ASSOCIATION, its representative or sponsor to take whatever action is necessary to obtain medical or other treatment in the event of emergency, accident, or illness. I agree to reimburse said representative for any cost incurred obtaining medical treatment for my son/daughter.

Signature of Parent

Date: Year : Month : Day

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To: INTERNATIONAL YOUTH ASSOCIATION OF JAPAN

Language (言語)		Religion (宗教)	
Height (身長)	cm	Weight (体重)	kg
Pulsa Rate (脈拍)	/minutes	Normal Temperature (体温)	/°C
Health condition (身体状況)	STRONG ▪ NORMAL ▪ WEAK		
Influenza Vaccination (インフル予防接種)	YES ▪ NO	Menstration (female only) (生理)	YES ▪ NO
Previous illness/injury (既往症)	YES () ▪ NO		
Foods Allergies (食べ物アレルギー)	YES () ▪ NO		
Allergies of Others (その他アレルギー)	YES () ▪ NO		
Motion sickness (乗り物酔い)	YES () ▪ NO		
Physical handicap (身体的不自由)	YES () ▪ NO		
Medications (薬の服用)	YES () ▪ NO		
Other Message to Chaperone (連絡事項)			