

International Youth Camp 2017

APPLICATION FORM

PHOTO

Name

(名前)

First Name

Last Name

Birthday
(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 | Blood Type (血液型) | types |
| 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) | | | | | |