

Application Form

Please write in clear handwriting

Name	Passport: Chinese Characters: (if applicable)	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)	E-Mail			
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					



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 to complete upper section of the form.

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: _____

