

YORON ADVENTURE SCHOOL 2012

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

HEALTH CHECK SHEET

YORON ADVENTURE SCHOOL 2012

To: INTERNATIONAL YOUTH ASSOCIATION OF JAPAN

NAME (First name / Last name)

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)					