

# Pacific Rim International Camp 2017

**Application Form** (Please Type or Print )

**CAMPER**

NAME: (NAME MUST BE EXACTLY THE SAME AS IT IS PRINTED ON YOUR PASSPORT.)					Please attach a recent photo. Write name behind photo and glue on.
First Name:	Middle Name:	Last Name:			
Home Address:					
Phone: _____ Fax: _____ E-mail: _____					
Emergency Contact:					
Name :					
Address: ( Relationship: ) Phone: _____					
Fax: _____					
Name of School & its Address, Grade Level					
Phone: _____					
Fax: _____					
Date of Birth (MM-DD-YY):	Age as of August 1, 2017	Place of Birth:	Nationality:	Passport Number:	
Height in cm:	Weight in kg:	Blood Type : RH $\pm$ :	Religious Affiliation (Optional):		
Health Record: Do you have any physical defects or serious conditions which might affect your full participation in the active outdoor camp programs? Have you ever had any emotional or mental problems? Do you have any allergies or dietary restrictions? If your answer to any of the above is yes, please explain. <div style="text-align: right;"> <input type="checkbox"/> YES    <input type="checkbox"/> NO         </div>					
Please check if you cannot eat. <input type="checkbox"/> beef <input type="checkbox"/> pork <input type="checkbox"/> chicken I suspend fasting during my staying in Japan in fasting month. <input type="checkbox"/> YES <input type="checkbox"/> NO					
Activities: (Group/Activity/Position)					
Describe your experience in any activities for which you are qualified:					
Describe any other interests you can share with the other campers:					
AGREEMENT: I hereby confirm that I have read and agreed to the regulations and the Camp Insurance Policy written in the General Information of PRIC2017. I would like to apply for my participation in PRIC 2017. I understand and agree to the terms, conditions and limitations of your overseas travel accident insurance and liability insurance. I understand that the stipulations of said insurance are written in only Japanese but accept that they are true to what is described in the Camp Insurance Policy above. I will not claim further compensation.					
Date Signed:			Applicant's Signature		
			Guardian's Signature		
Name of the nearest international airport (Point of departure):			(Guardian's Name in Print)		