

2023 UTREK International Summer Camp

APPLICATION FORM

Full Legal Name:			Gender:		
(First)	(Middle)	(Last)	M · F		
Mailing Address:					
Home Phone: () -			Birth Date: (M/D/Y)		
Cell Phone: () -			Age:		Grade:
E-mail:			Native Language:		
			Do you speak Japanese? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Emergency Contact					
Name:			Relationship:		
Cell Phone: () -			Work Phone: () -		
Meeting / Splitting up place		【Tokyo】		【Nagoya】	
Which place would you like to prefer?		Kogakuin University Shinjuku Campus		Or Nagoya JR station	
Insurance					
I agree to purchase travel insurance for my child before leaving his/her country.					
Parent's Name:		Signature:		Date:	
Health Information					
Allergies: List ALL non-food allergies(bees etc.):					
Diet:					
1. List all food allergies(shellfish, peanuts, buckwheat etc...)					
2. Are you vegetarian? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please list what you CANNOT eat.					
3. Please list all other special dietary needs & restrictions.					
Other Health Concerns					
1. Do you have any specific physical/mental condition UTREK should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> NO					
List:					
2. Are you taking any medications? <input type="checkbox"/> YES <input type="checkbox"/> NO					
List:					
3. Are there any physical activities you are restricted from doing? <input type="checkbox"/> YES <input type="checkbox"/> NO					
List:					
How did you learn about UTREK?					
Any other comment UTREK should be aware of:					