

2019 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:
Fax: () -			Native Language:	
E-mail:			Do you speak Japanese? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Guardian's Name:			Relationship:	
			Cell Phone: () -	
E-mail:			Work Phone: () -	
Emergency Contact (other than the adult listed above):				
Name:			Relationship:	
Cell Phone: () -			Work Phone: () -	
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:				

◆Please return this application form via email (info@utrek.org).