

# ICT Global Winter Camp 2019 Application Form

\*Please make sure to fill out all the information requested on this form.

Basic Participant's Information				
Name				
	First	Middle	Last	
Date of Birth	/ /		Age	Please attach a recent photo here. *4 x 3cm in height and width. *Digital photo acceptable
	mm	dd	yyyy	
Nationality Please write down all if multiple				
School Name Please √a box	<input type="checkbox"/> Private School <input type="checkbox"/> Public School <input type="checkbox"/> International School			
Current Grade				
Language(s) Spoken				
Experience in English (in years)				
Hobby				
Do you need a visa to participate in this program? (√a box)			<input type="checkbox"/> Yes	<input type="checkbox"/> No
For those who need a visa to enter Japan: Location of Japanese Embassy/Consulate				
Mailing Address *Room number should be included (if any)				
	(Postal Code: )			
Telephone Number				
Email Address				

Emergency Contact Persons		
1 <sup>st</sup> Contact Person	Name(First-Middle-Last)	
	Relationship	
	Phone	
	Email Address	
2 <sup>nd</sup> Contact Person	Name(First-Middle-Last)	
	Relationship	
	Phone	
	Email Address	

**Health and International Travel Insurance**

Chronic Disease											
Allergies/Restrictions (Animal, food, medicine, if any)											
Food you cannot eat											
International Travel Insurance (If agree, ✓ a box)	<input type="checkbox"/> I agree to buy the International Travel Insurance that covers an entire program period and meets the following coverages and insured amounts. I will submit a copy of Insurance Card to ICT by Nov. 29th, 2019. <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Coverages</th> <th>Insured Amounts</th> </tr> </thead> <tbody> <tr> <td>Death from Accident/Sickness</td> <td>\$100,000 (10 million yen) or more</td> </tr> <tr> <td>Accidental Permanent Disability</td> <td>\$3,000 (300,000 yen) or more</td> </tr> <tr> <td>Medical &amp; Rescuer's Expenses</td> <td>\$300,000 (30 million yen) or more</td> </tr> <tr> <td>Liability for damages</td> <td>\$1 million (100 million yen)</td> </tr> </tbody> </table>	Coverages	Insured Amounts	Death from Accident/Sickness	\$100,000 (10 million yen) or more	Accidental Permanent Disability	\$3,000 (300,000 yen) or more	Medical & Rescuer's Expenses	\$300,000 (30 million yen) or more	Liability for damages	\$1 million (100 million yen)
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Liability for damages	\$1 million (100 million yen)										
Immunization History (If agree, ✓ a box)	<input type="checkbox"/> I agree to take all required immunizations below and submit the Immunization History form to ICT by Nov. 29th, 2019. <ul style="list-style-type: none"> <li>➤ Required Immunizations : 2MMR and Varicella shots</li> <li>➤ Recommended Immunizations : 3 shots of Hepatitis B</li> </ul>										

**Please offer any information regarding your child that you think teachers should know.**

**SCHOOL VISIT FOR PARENTS (To those who are planning to visit Japan with your child)**

Please ✓ a box and write down the number of participants, if you are planning to visit the campus.

Visit the Campus on Dec. 15th (    ) people

Visit the Campus on Dec. 20th (    ) people

Visit the Campus on Dec. 15th and Dec. 20th (    ) people