

STF-USA 2006-7

Application Form

Personal Information

Last Name _____ First Name _____
Home Address (Street) _____
City _____ State ____ Country _____ Zip Code _____
Phone _____ Other Phone _____
Fax _____ Email _____
Date of Birth (mm/dd/yy) ___/___/___ Gender: Male ___ Female ___
Blessing Year / Couples _____ / _____

Parent's Information

| | |
|--|--|
| Father's Name _____ | Mother's Name _____ |
| Other Phone (circle one: cell, work, _____) _____ | Other Phone (circle one: cell, work, _____) _____ |
| Email _____ | Email _____ |
| Home Address (if different from above) _____ | |
| City _____ State ____ Country _____ Zip Code _____ | |
| Phone _____ | Blessing Year / Couples _____ / _____ |

Insurance

Company _____ Type _____ Tel. No. _____
Policy # _____ Date of Expiration (mm/dd/yy) ___/___/___

Health Information

What kind of sports/exercises have you done during high school?

Please explain if you have any concerns and why (previous injuries, surgeries, family history, etc):

Flat feet:

Knees:

Back/Neck:

Scoliosis:

Asthma:

Please explain in detail any short or long term physical ailment(s) other than above.

Passport / Visa

Country of Citizenship _____ Passport # _____

Expiration Date (yy/mm/dd) ___/___/___ Visa Status _____

Any visa work needed during the year? Y / N

Terms of Agreement

I understand and agree with all the guidelines and policies stated in the brochure.

Parent's Signature: _____

Date: ___/___/___

Date: ___/___/___

Participant's Signature: _____

Date: ___/___/___