**Participant Agreement**

I (Guardian for minors) agree to the following:

1. I will cooperate to promote harmony and maintain order among the participants with understanding about the purpose of this camp.
2. I understood that if the progress to be impeded, the behavior of the participant can be restricted, and if the control is not followed than the participant may get disadvantage.
3. I will try to be a safe camp and I will compensate for if I have harmed any person or possessions.
4. I agree to inform my idiosyncrasy or disease to the UNILINK in advance of the Unicamp starts, and if I cannot participate due to such as illness or other reasons during the Unicamp period than I can return home.
* I have read, understood, and agree with the above.

Date:

Signature:

**Personal Information Collection·Use·Provision Consent Form**

When the Unilink collects, uses, or provides customers’ information to third person regarding the work procedure of Unicamp program, the Unilink must get consent from the customers. According to 「Privacy Policy」, I consent to the Unilink’s collection, use and provision of my personal information as below.

|  |
| --- |
| □ Collected InformationPersonal Identifiable Information: Name, Phone number, Address and Residence, Date of Birth, Alien Registration Number, Email Address, Occupation, Photo, Nationality, Family information, etc.□ Purpose- Works for the exchange events, public relations of Unilink- Promote business such as exchange of overseas organizations that have an agreement with our cooperative□ Retention PeriodPersonal information as above will be retained and used from the date of agreement on the collection and use until the end of program□ Providing Personal Information to a Third Party Personal information will be able to be provided to a third parties for the insurance, etc.1. Receptor: Designated insurance company, organizations that have an agreement with Unilink
2. Provided Items: Name, Alien Registration Number (Date of Birth), Contact Information, Photo
3. Period of Collection and Usage (Before destruction): The period will be followed the Policies of each organizations

□ Right to Refuse the Consent and Disadvantages in Case of Refusal Consent on the collection and use of the necessary information from personal information above is essential for the procedure of our programs. |

* I agree to the collection and use of personal information.

Date:

Signature:

Application for Participation

1. First Name:
2. Last Name:
3. Gender: □ Female □ Male
4. Alien Registration No.:
5. School:
6. Mobile Phone No.:
7. Parent Phone No.:
8. E-mail Address:
9. What do you get amped on?

1. What is your favorite song?

1. What will you do if you get a month freely?

1. What is your gift from God?

1. What talent do you want to have?

1. What is the most excited part from Unicamp?

1. What are you looking forward to do at Unicamp?

1. What health issues should management be aware of?

1. Which medicines you are currently taking are of special interest?

1. Did you have traveled abroad recently (within 14 days) as of the application date?

□ No □ Yes

1. Have you ever traveled abroad (within 14 days) from a family in your household as of the application date?

□ No □ Yes