

Issuance of TYPA Gate Pass

(for Family Helper)

You are requesting that TYPA issue a gate pass to the following individual:

Helper's First Name: _____ Helper's Last Name: _____

Helper's ID Number (ARC or Passport Number) _____.

This individual may enter the TAS campus to pick up your child/children.

Child/Children's Name: _____.

TYPA Family ID Number: _____.

You hereby agree that you shall return the TYPA gate pass to the TYPA office upon:

1. TYPA's request for the return of the pass
2. Member's withdrawal from TYPA
3. You no longer desire your Representative to hold the pass.

You expressly agree that you shall be fully responsible for all actions of your Representative while your Representative is on the TAS campus, at a TYPA event, and/or holding or using the TYPA gate pass, irrespective of whether or not you authorized or requested your Representative to use the gate pass or be on TAS campus. You hereby unconditionally agree to and hereby unconditionally indemnify and hold harmless TYPA, its staff, employees, representatives, incites and agents from all liabilities, damages, injuries, claims, expenses, costs or losses of any nature whatsoever incurred due to or in connection with the issuance of the TYPA gate pass to your Representative, loss or usage of said gate pass by your Representative, and/or the actions or omissions of Representative while on the TAS Campus or while attending a TYPA event.

Print name (Parent): _____

Parent signature: _____

Date: _____



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