友善關懷樂齡身心健康-親子健康活力秀

團隊名單(若欄位不敷使用，可依實際需求自行增加填寫)

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| 編號 | 姓名 | 性別 | 身分證字號 | 出生年月日 | 是否為  原住民 是:1 否:2 | 是否領有  殘障手冊 是:1 否:2 | 是否  乘坐輪椅 是:1 否:2 | 是否  登台表演 是:1 否:2 |
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