

2018 Chinese Cultural School Youth Summer Camp Registration Form

學生	中文姓名 Chinese Name:		英文姓名 English Name:		
	性別 Gender:	<input type="checkbox"/> 男 M <input type="checkbox"/> 女 F	出生日期 Birth Date: (mm/dd/yyyy)		
	出生地 Birth Place:		年級 American School grade (in Fall 2016):		
	就讀中文學校名稱 Chinese School Name:				
	中文 Chinese	就讀中文學校年級 Chinese School grades (book level):			
	程度 Skills	理解程度 Comprehension: <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
		會話 Conversation: <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
	興趣 Hobby	<input type="radio"/> Arts <input type="radio"/> Crafts <input type="radio"/> Dance <input type="radio"/> Singing <input type="radio"/> Instruments <input type="radio"/> Martial Arts <input type="radio"/> Softball <input type="radio"/> Other _____			
	夏令營參加次數 # of years you have attended this camp:		邀請人 Who (Camper) invited you:		
	尺寸 Camper t-shirt size <input type="checkbox"/> YM <input type="checkbox"/> YL <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL				
Please list any specific medical, dietary, allergic condition and/or behavior issues that the camp should be aware of:					

家長	Father or Guardian Name:		Office:	Cell Phone #	
	Mother or Guardian Name:		Office:	Cell Phone #	
	住址 Mailing Address:		緊急聯絡人 Emergency Contact:		
			Day time:	Name:	
				Phone:	
	電郵 Email:		Evening:	Name:	
				Phone:	
	Dear Parents: the camp would really appreciate your financial sponsorship of this program. Please indicate your voluntary donations at the bottom of this form. Many thanks!				
	<p>A signature on this application form grants CCS (Chinese Cultural School) the permission to use any photograph, video or audio footage, likeness, or thoughts expressed during a camp sponsored interview in which the enrolled camper is actually at camp, or while the camper is participating in any camp sponsored activity (i.e.: a camp reunion) during the full year preceding or following the camper's actual participation in the camp program at the camp facility. All photographs, video or audio footage, likeness, or thoughts expressed during an interview, may be used on an internet Website, for advertising, or other commercial purposes. The parent or legal guardian and enrolled camper(s) listed above agree to abide by all rules and regulations set by the camp for the health, safety, and welfare of the children and staff at camp. Such rules and regulations are listed but not limited to what's listed in this application. Additional rules or amended regulations can be provided to campers while at camp itself. PERMISSION IS GIVEN TO THE CAMP DIRECTOR OR MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR, TO HAVE THE CHILD/CHILDREN ENROLLED ON THIS FORM, SEEN BY A PHYSICIAN IN A PHYSICIAN'S OFFICE OFF THE GROUNDS OF CAMP, OR AT THE HOSPITAL, WHEN DEEMED NECESSARY. PERMISSION IS FURTHER GIVEN TO A PHYSICIAN SELECTED BY THE CAMP DIRECTOR IN THE EVENT OF SURGICAL OF MEDICAL EMERGENCY, TO PROVIDE HOSPITALIZATION, SECURE PROPER TREATMENT FOR, AND ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR THE ENROLLED CHILD/CHILDREN NAMED ON THIS APPLICATION FORM. In camp, my child will follow all camp rules and the directions of camp teachers, supervisors, staff and counselors. I will be responsible for all the payments and arrangements of my child's incident, illness, and insurance during the participation in the camp. I release, and waive, and further agree to indemnify, hold harmless or reimburse the Chinese Cultural School, its successors and assigns, its members, agents, employees, and representative, thereof, as well as camp director, teachers, staffs, counselors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp or the rendering of emergency medical procedures or treatment, if any.</p>				
	Parent/Guardian Signature: _____			Date: _____	

Preferred Roommate:		** Camp director holds the final decision for room assignment**		
Registration Fee:	Donation:	Check #		
For Office use only:				
Camper ID	Team	Room number		