



南加州中文學校聯合會 2008 年中華文化青少年夏令營

2008 SCCCS Chinese Culture Summer Camp

學員報名表 SCCCS Chinese Culture Summer Camper Application Form PLEASE PRINT

Fill and Mail by 5/16/2008 <Postal Mark On> to : 葉敏芬, Ming-Fen Yeh, P.O. Box 7000-377, Rolling Hills Estates, CA 90274 (Please Print)

Registration Requirement

1. Camper shall be between the age of seven and seventeen. ◦
2. Parents/Guardian shall read and sign the Waiver Form below ◦
3. One check per camper's application and payable to SCCCS ◦
4. Registration deadline shall be May 16, 2008.
5. Member school shall turn in application through your school.
6. Acceptance camper will be notify on mid June. ◦
7. Individual Camper application shall send to: Ms. Ming-Fen Yeh, 5920 Finecrest Dr., Rancho Palos Verdes, Ca 90275 ◦
8. Refund : A 70% refund will be issue if you withdraw by 6/14/2008 (included) ◦
9. No Refund : No refund will be issue if withdraw after 6/15/2008 ◦
10. Request refund information : (310) 541-5096 Ms. Ming-Fen Yeh

Parent/Guardian Signature : _____ Date: _____

Chinese School Name	<input type="checkbox"/> Member school \$340/ea <input type="checkbox"/> Non Member school \$380/ea <input type="checkbox"/> Check#		<input type="checkbox"/> I never attend SCCCS summer camp before <input type="checkbox"/> I attended SCCCS summer camp on _____				
			My T-Shirt size Youth/Adult <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L				
Camper's Chinese Name	Camper's Name		Sex	M / F	Birth Date	/ /	Month/ Date/ Year
Father's Chinese Name	Father's Name		Contact Phone	()	Email:	-	
Mother's Chinese Name	Mother's Name		Contact Phone	()	Email:	-	
Address			Phone#	()		-	

Current Camper live with Father , Mother , Both , Guardian with the same address list above

Emergency Contact	Relation ship	Phon e	Cell
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Special need of the Camper:

Food : None , Vegetarian , Allergic to _____ , Other (Explain) _____

Health Condition : Normal , Asthma Handicap , Other(Explain): _____

Medication : None , Need Medication at all time , Other(Explain) _____

Authorization for Emergency / Medical Care and Claim Waiver

I _____ (Print Parent Name) request that the above-mentioned applicant be permitted to participate in the **Chinese Culture Summer Camp** (from 6/29/2008 to 7/4/2008) sponsored by the **Southern California Council of Chinese Schools (SCCCS)**. He/She is in excellent physical condition. Should he/She becomes ill or injured at the camp, may receive necessary first aid or medical attention by a licensed physician or nurse, or be admitted to a hospital in case of an emergency. This authorization is given pursuant to Section 25.8 of Civil Code of California and remains effective only for the event and time period specified above.

I will not hold SCCCS or its officers, teachers, and helpers liable for the above activity and medical aid rendered. I understand this activity is voluntary and he/she has my permission to participate in it. I also understand that there are certain risks involved in this activity, including, but not limited to, accidents, injuries, illness or death while traveling to and from said activity, and/or in the course of the activity, and/or the potential for property damage and/or loss. I will reimburse SCCCS for medical or other expenses incurred in his/her care

Family Health/Accident Insurance Co. _____ Policy #: _____

Parent/ Guardian _____ Applicant _____

Signature: _____ Date: _____ Signature: _____ Date: _____