



南加州中文學校聯合會 2008 年中華文化青少年夏令營

監護人申請表 2008 SCCC'S Chinese Culture Summer Camp Guardian Application Form *PLEASE PRINT*

南加州中文學校聯合會非常感謝您的熱心服務和參與，請以正楷填寫以下各欄資料後簽名，並請於 5 月 16 日〈郵戳為憑〉前請正楷填寫，寄召集人 葉敏芬副會長, Ming-Fen Yeh, P.O. Box 7000-377, Rolling Hills Estates, CA 90274

申請人 中文姓名	申請人 英文姓名	性別	男女	出生 日期	/ / Month/ Date/ Year
社福號碼 S.S.#	住宅電話 H. Phone	() -	手機電話 Cell Phone	() -	Email:
中文學校名	<input type="checkbox"/> 會員學校 <input type="checkbox"/> 非會員學校		中文 <input type="checkbox"/> 聽 <input type="checkbox"/> 說 <input type="checkbox"/> 讀 <input type="checkbox"/> 寫 英文 <input type="checkbox"/> 聽 <input type="checkbox"/> 說 <input type="checkbox"/> 讀 <input type="checkbox"/> 寫	飲食限制	<input type="checkbox"/> 不要素食 <input type="checkbox"/> 我要素食
最高學歷	科系	專長或才藝			
最近經歷	公益社團或公司行號名稱		職稱		起迄日期
〈參加社團與 擔任職務〉					
推薦人中文姓名	推薦人所屬團體		推薦人職稱	推薦人聯絡電話	

茲聲明本表所填各項屬實，本人身心健康，無不良素行，亦不抽煙，自願申請於 6/29/2008-7/4/2008 期間擔任貴會夏令營監護人，如獲聘任，將準時參加 **TBD** 兩天下午 1pm-5pm 的營前講習，我了解將不會被派任為自己孩子營隊的監護人，活動期間將以認真負責、公平合理與親切和藹的態度協助輔導員照顧學員，並與貴會工作人員合作，遵守相關規定，讓學員有個快樂安全的夏令營。

本人並作如下聲明 《即 Authorization for Emergency / Medical Care and Claim Waiver 》

I, _____(Your name) would like to participate in the **Chinese Culture Summer Camp (from 6/29/2008-7/4/2008)** sponsored by the **Southern California Council of Chinese Schools (SCCCS)**. I am in excellent physical condition. Should I become ill or injured at the camp, I 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 SCCC'S or its officers, teachers, and helpers liable for the above activity and medical aid rendered. I understand this activity is voluntary and I desire 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 SCCC'S for medical or other expenses incurred in my care

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

申請人簽名：_____ 日期：_____

本欄由本會填寫 收件時間 2008 年 月 日 AM/PM ☐錄取 ☐備取 編號： 組別：