



南加州中文學校聯合會

SCCCS Chinese Culture Youth Summer Camp 2005 Camper Application Form

PLEASE PRINT

2005 中華文化青少年夏令營 學員報名表

請用正楷填寫，以利辨識

報名須知

- 學員須在八歲至十七歲之間。
- 報名截止日：5月8日。
- 報名時應詳填本表，請家長在本欄及 waiver 欄簽名。支票一學員一張，抬頭為 SCCC。
- 會員報名：支票請與本表一併交付貴校校長彙整寄出。
- 各隊輔導員或監護人會通知學員報到事項。
- 非會員報名：個別郵寄至：姜敏輝 校長, Mrs. Annie Gi, 724 S. Grove Street, Redlands, CA92374
- 退費：報名後於 5 月 15 日週日〈含〉前，因故退出者，可領回 70% 的費用。
- 退費限制：5 月 16 日週一〈含〉之後因任何理由退出者均不予退費。
- 申請退費請撥專線 (909) 798-0233 姜敏輝校長, Mrs. Annie Gi

Parent / Guardian Signature: _____ 日期: _____

中文學校 校名			<input type="checkbox"/> 會員學員每人\$ 310 <input type="checkbox"/> 非會員學員每人\$ 350 <input type="checkbox"/> check #		<input type="checkbox"/> 我從未參加本會主辦之夏令營 <input type="checkbox"/> 曾參加 _____ 年本會夏令營 T-shirt 尺寸 Youth or Adult size: <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L	
學員 中文姓名	學員 英文姓名	性別	男	出生 日期	/ / Month/ Date/ Year	
父親 中文姓名	父親 英文姓名	聯絡 電話	() -			
母親 中文姓名	母親 英文姓名	聯絡 電話	() -			
住址			電話	() -		
學員現在與 <input type="checkbox"/> 父親, <input type="checkbox"/> 母親, <input type="checkbox"/> 父母親, <input type="checkbox"/> 監護人同住上述地址			* E-Mail address _____			
緊急聯絡人 姓名	關係	聯絡 電話	() --	手機 電話	() --	

學員飲食限制：☐無特別限制, ☐素食, ☐對下列食物過敏：_____, ☐其他〈請說明〉_____

學員身體狀況：☐正常, ☐氣喘, ☐殘障, ☐其他〈請說明〉_____

學員服藥狀況：☐無特別需要, ☐需長期或隨時服用特定藥物, ☐其他〈請說明〉_____

Consent, Claim Waiver, Authorization for Emergency / Medical Care and Photo Release

I, _____ (Please Print), The parent of the above named applicant do hereby give permission as required by law to participate in the **Chinese Culture Summer Camp** (from 6/26/2004 to 7/01/2004) sponsored by the **Southern California Council of Chinese Schools (SCCCS)**. The above minor has no special health needs the staff should be aware of and no medication is required for him/her in the camp. The minor is in excellent physical condition to participate in hiking, team sports, boating, and all other camp activities. 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 remains effective only for the event and time period specified above.

I do further agree to indemnify and save harmless the SCCC and all officers, employees, and volunteers thereof, from all suits or actions for liabilities of any of the above activities and medical aid rendered. I understand these activities are voluntary and he/she has my consent 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 also agree to reimburse SCCC for medical or other expenses incurred in his/her care.

By signing below, I also grant to the SCCC the right and permission to use and publish the photos made during my child/ren visit to any camp activities. I hereby release the SCCC from any and all liability from such use and promotion. I specifically waive any right to any compensation I may have for any of the foregoing.

Family Health/Accident Insurance Co. _____ Policy# _____

Parent
Signature: _____

Date: _____

本欄由本會填寫

收件時間 2005 年 月 日 AM/PM check # _____ \$ _____ ☐錄取 ☐備取 編號：_____ 組別：_____