



南加州中文學校聯合會 2008 年中華文化青少年夏令營

2008 SCCC Chinese Culture Summer Camp

學員報名表 SCCC 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 SCCC. ° 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 SCCC summer camp before <input type="checkbox"/> I attended SCCC 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 <input type="checkbox"/> Father , <input type="checkbox"/> Mother , <input type="checkbox"/> Both , <input type="checkbox"/> Guardian with the same address list above									
Emergency Contact		Relation ship		Phone		Cell			
Special need of the Camper:									
Food : <input type="checkbox"/> None , <input type="checkbox"/> Vegetarian , <input type="checkbox"/> Allergic to _____ , <input type="checkbox"/> Other (Explain) _____									
Health Condition : <input type="checkbox"/> Normal , <input type="checkbox"/> Asthma <input type="checkbox"/> Handicap , <input type="checkbox"/> Other(Explain): _____									
Medication : <input type="checkbox"/> None , <input type="checkbox"/> Need Medication at all time , <input type="checkbox"/> 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 SCCC 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 SCCC for medical or other expenses incurred in his/her care									
Family Health/Accident Insurance Co. _____ Policy #: _____									
Parent/ Guardian					Applicant				
Signature: _____ Date: _____					Signature: _____ Date: _____				