

2015年中華文化青少年夏令營

2015 Chinese Summer Camp

學員報名表Application Form (please type or print請用打字或正楷填寫)

報名須知

- 夏令營於6/28/15至7/5/15日Mile High Pines Camp, Big Bear.舉辦。學員須為七歲至十八歲品行端正之學生。
- 即日起接受報名，截止日期為5月20日，報名費為\$540。非會員學校\$640 支票抬頭請寫SCCCS，連同本表寄至：報名組5461 Marview DR., La Palma, CA 9062. 聯絡人:孫相治電話(714)873-6024
- 報名截止後至6/9，因故退出者，可領回70%的費用。6月10日或以後均不予退費。
- 請家長用正楷填寫本欄及本頁之Waiver Form簽名。並請附上保險卡(資料)影本，否則不接受報名。
- 上網報名(online registration)

https://docs.google.com/forms/d/1foLnfZc8zLsTzo0EL96-f67Vg6qOb6SX5EfmWcXV6BM/viewform?usp=send_form

中文學校 校名	Check Amount: \$ _____		<input type="checkbox"/> 我從未參加本會主辦之夏令營 <input type="checkbox"/> 我曾參加 _____ 年本會夏令營	
	Check #: _____		制服尺寸是: <input type="checkbox"/> 大人,或 <input type="checkbox"/> 青少年/女; <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L, or <input type="checkbox"/> XL	
學員 中文姓名	學員 英文姓名	性別	男 女	出生 日期
		/ / Month/ Date/ Year		
學員健康保險公司名稱 Family Health/Accident Insurance Co. _____ Policy #: _____				
父親/監護人1 中文姓名	父親/監護人1 英文姓名	聯絡 電話	()	-
			Email:	
母親/監護人2 中文姓名	母親/監護人2 英文姓名	聯絡 電話	()	-
			Email:	
住址		電話	()	-
緊急聯絡人 姓名	關係	聯絡電 話	手機 電話	
學員特殊需求 飲食限制: <input type="checkbox"/> 無特別限制, <input type="checkbox"/> 素食, <input type="checkbox"/> 對下列食物過敏 _____, <input type="checkbox"/> 其它(請說明) _____ 身體狀況: <input type="checkbox"/> 正常, <input type="checkbox"/> 氣喘, <input type="checkbox"/> 殘障, <input type="checkbox"/> 其它(請說明) _____ 服藥狀況: <input type="checkbox"/> 無特別需要, <input type="checkbox"/> 需長期或隨時服用特定藥物, <input type="checkbox"/> 其它(請說明) _____				

Authorization for Emergency / Medical Care and Claim Waiver

I _____ (Print Parent/Guardian Name) request that the above-mentioned applicant be permitted to participate in the **Chinese Culture Summer Camp** (from 6/28/2015 to 7/5/15 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.

Photography Release

I _____ (Print Parent/Guardian Name) hereby authorize do not authorize SCCC Chinese Youth Summer Camp officials, hereafter referred to as "SCCC" to the right to take photographs of me and my family in connection with SCCC activities. I authorize SCCC, its assigns and transferees to copyright, use and publish the same in print and/or electronically for any lawful purpose. I hereby release and hold harmless SCCC from any reasonable expectation of privacy or confidentiality for myself and for the minor child and children listed below associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed below and that I have full authority to consent and authorize SCCC to use their likenesses and names.

2015年中華文化青少年夏令營

2015 Chinese Summer Camp

I further acknowledge that participation is voluntary and that neither I, the minor child, or minor children will receive financial compensation of any type associated with the taking or the publishing of these photographs. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever.

I hereby release SCCCS, its contractors, its volunteers and any third parties involved in taking or publishing photographs, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed below.

Parent/ Guardian

Signature: _____ **Date:** _____

Applicant

Signature: _____ **Date:** _____

本欄由本會填寫	收件時間2015年 月 日 AM/PM	<input type="checkbox"/> 錄取 <input type="checkbox"/> 備取	編號：	組別：
---------	---------------------	---	-----	-----

夏令營營主任: 段大偉

SCCCS Chinese Summer Camp Director: [Dah-weih Duan](#)