



南加州中文學校聯合會 2012 年中華文化青少年夏令營

2012SCCCS Chinese Culture 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 6/30/12 至 7/5/12 日在 Lake Williams, Camp Oakes 舉辦。學員須為八歲至十七歲品行端正之學生。
- 即日起接受報名，截止日期為 6 月 4 日，報名費為 \$ 390(需要加入優待價嗎?)。以郵戳為憑。
 - 支票抬頭請寫 SCCCS，連同本表寄至：孫相治 5461 Marview DR., La Palma, CA 90623
電話 (562) 418-0415
- 報名截止之後至 6/17 之前，因故退出者，可領回 70% 的費用。6 月 17 日或以後均不予退費。
- 請家長閱讀本欄及本頁之 Waiver Form 後簽名

Parent/Guardian Signature : _____ Date: _____

中文學校 校名	Check#		<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 我的制服尺寸是: <input type="checkbox"/> 大人,或是 <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
父親 中文姓名	父親 英文姓名	聯絡 電話	() -	Email:
母親 中文姓名	母親 英文姓名	聯絡 電話	() -	Email:
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"/> 監護人同住上述住址				
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 Name) request that the above-mentioned applicant be permitted to participate in the **Chinese Culture Summer Camp** (from 6/30/2012 to 7/5/2012) 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: _____

本欄由本會填寫 收件時間 2012 年 月 日 AM/PM 錄取 備取 編號: _____ 組別: _____