



Global Culture Education Foundation
 12225 South Street, #109 Artesia, CA 90701 Tel: (562) 418-0854
www.globalcultureedu.org infor@globalcultureedu.org



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

- 夏令營於 7/2/17 至 7/8/17 日 Camp Cedar Falls, 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 \$ 580 支票抬頭請寫 **GCEF**，連同本表寄至：報名組 5461 Marview DR., La Palma, CA 90623. Attn: Shanchi Sun
 - 報名截止 後至 6/10 之前，因故退出者，可領回 70% 的費用。6 月 10 日起恕不退費。
 - 請家長用正楷填寫本欄然後在本頁之 Waiver Form 簽名。並請附上保險卡(資料)影本，否則不接受報名
- 聯絡人: 營主任孫相治 (714)873-6024 sunshanchi@gmail.com . WeChat ID: shamchi052

中文學校校名 _____ Check# _____ 我曾參過往年辦之夏令營 N, Y _____ 年
 制服尺寸是: 大人: S, M, L, XL. 青少年/女: S, M, L, XL

學員中文姓名	英文姓名	性別	男女	出生日期	/ / Month/ Date/ Year
父親中文姓名	英文姓名	聯絡手機	() -	Email:	
母親中文姓名	英文姓名	聯絡手機	() -	Email:	
住址	電話	() -			

學員現在與 父親, 母親, 父母親, 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
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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 7/2/17 to 7/8/17 sponsored by the **Global Culture Education Foundation(GCEF)**). 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 GCEF or its staffs, 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 GCEF for medical or other expenses incurred in his/her care.

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

Photography Release

I _____ (Print Parent/Guardian Name) hereby authorize GCEF Chinese Youth Summer Camp officials, hereafter referred to as "GCEF" to the right to take photographs of me and my family in connection with GCEF activities. I authorize GCEF, 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 GCEF 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 GCEF to use their likenesses and names. 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 GCEF, 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: _____
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