

2010 年亞利桑那州台北中華文化青少年夏令營  
2010 TAIPEI CHINESE CULTURE SUMMER CAMP OF ARIZONA

Award Winning, Recipient of Phoenix Mayor's Partnership Award

14<sup>th</sup> Annual Event, 6/28/2010 to 7/2/2010 at Clarendon School

Please Print Clearly!

學員申請表 Student Application Form

學生資料 Student Information:

英文名 Student Full English Name: \_\_\_\_\_

中文名 Student Full Chinese Name: \_\_\_\_\_

年齡 Age: \_\_\_\_\_ 性別 Gender: 男 Male \_\_\_\_\_ 女 Female \_\_\_\_\_

語言專長 Language Skills: 國語 Mandarin \_\_\_\_\_ 粵語 Cantonese \_\_\_\_\_ 英語 English \_\_\_\_\_

就讀中文學校 Chinese School Name: \_\_\_\_\_

就讀英文學校 American School Name: \_\_\_\_\_

特別飲食/ 藥 Special Diet or Medications: \_\_\_\_\_

過敏飲食 Allergic Foods: \_\_\_\_\_

學生 T-shirt 尺寸 Student T-shirt Size: 兒童 Children Size: S M L XL or 大人 Adult Size: S M L XL

父母/ 法定監護人聯絡 Parent / Guardian Information:

姓名 Name: \_\_\_\_\_ 關係 Relationship to Student: \_\_\_\_\_

電話 Telephone: ( \_\_\_\_\_ ) 手機 Cellular: ( \_\_\_\_\_ )

地址 Address: \_\_\_\_\_

電子郵件 E-mail: \_\_\_\_\_ 傳真 Fax: ( \_\_\_\_\_ )

Parent / Guardian Pick Up: \_\_\_\_\_ Walk Home: \_\_\_\_\_

In case of injury, emergency or sudden illness, I hereby give authority and permission to any hospital or doctor to render immediate emergency and as required at the time for his/her health and safety. I understand and will accept all the costs and the full expense of the medical services.

緊急連絡人 Emergency Contact Information (非父母 Other Than Parents )

姓名 Name: \_\_\_\_\_ 手機 Cellular: ( \_\_\_\_\_ ) 關係 Relationship to Student: \_\_\_\_\_

醫生姓名 Doctor's Name: \_\_\_\_\_ 醫生電話 Doctor's Phone: ( \_\_\_\_\_ )

醫院名稱和地址 Hospital Name and Address: \_\_\_\_\_

I recognize the risks of illness and injury inherent in any program and am participating in the express agreement and understanding that I am hereby waiving and releasing the instructors, volunteers, Arizona Chinese Mandarin and Culture Academy (AZCMCA), City of Phoenix, Phoenix Sister Cities, Phoenix Sister Cities Taipei Committee, Phoenix Chinese Week, Overseas Compatriot Affairs Commission, Santa Ana Culture Center, Clarendon School, Osborn School District and Sponsors from and against all responsibilities, claims, costs, financial, legal, medical, insurances, liabilities, expenses or judgments arising out of participation in the program. I hereby agree to the aforementioned statement and release the instructors, volunteers, Arizona Chinese Mandarin and Culture Academy (AZCMCA), City of Phoenix, Phoenix Sister Cities, Phoenix Sister Cities Taipei Committee, Phoenix Chinese Week, Overseas Compatriot Affairs Commission, Santa Ana Culture Center, Clarendon School, Osborn School District and Sponsors of any financial, legal and/or medical obligation which might be incurred. This signature also allows and gives permission for pictures to be taken of myself or my child(ren) for future publication, publicity, media, or yearbook.

父母/法定監護人簽名 Parent / Guardian Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

學費 Tuition: \$150 per student 支票請寫 Payable to: Chinese Culture Summer Camp of Arizona

主辦單位需籌款保持低學費 We must do fundraisings to keep the tuition low

名額有限請於 6 月 18 日 2010 前寄學員申請表及支票至以下地址

Please mail Registration Form and Check Before June 18, 2010 to:

**1318 East Captain Dreyfus Avenue, Phoenix, Arizona 85022**

No Refunds Once Camp Begins