

Children's Chinese Culture Camp Enrollment Form

Please use a separate form for each student enrolling

Please make checks payable to RECA Chinese School. Send form and check to RECA School, PO Box 7854, Santa Rosa, CA 95407.

Name of student: _____ Age: _____ Birth date: _____

Address: _____ City _____ Zip: _____

Telephone: _____ Alternate phone during class time _____

Parent's or guardian's name (if under 18): _____ e-mail _____

CLASS PREFERENCE

- Camp Session 1, July 9-13 for children 9-12 years old. Fee: \$150 per child
- Camp Session 2, July 23-27 for children 5-8 years old. Fee: \$150 per child

WAIVER OF LIABILITY

In consideration of the acceptance of my application for the REDWOOD EMPIRE CHINESE ASSOCIATION Children's Chinese Culture Camp, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the RECA Chinese School or their responsible officers, directors, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with my said / or arising out of my traveling to, participating in and returning from said activities.

Parent or guardian signature: _____

Required for students under age 18



EMERGENCY INSTRUCTIONS

Required for children under 18

Parent/ Guardian: _____ Telephone if different from above: _____

Alternate name to call in emergency: _____ Relationship: _____

Address: _____ Phone: _____

Does this student have any physical ailments (such as diabetes, allergies, asthma, etc.) or does this student take medication during class time?

If yes, describe _____

Date of last tetanus immunization: _____

Doctor: _____ Phone: _____

MEDICAL TREATMENT AUTHORIZATION

Required for children under 18

I hereby give permission to RECA to obtain the services of a physician to provide prompt emergency medical treatment for (student) _____ should the need arise.

Medical insurance carrier: _____

Medical insurance number: _____

Other instructions: _____

Parent/guardian signature: _____

Required for children under 18