

# 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 14-18 for children 9-12 years old. Fee: \$170 per child**
- Camp Session 2, July 21-25 for children 5-8 years old. Fee: \$170 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