

Joyous Chinese Cultural Center
Chinese Children Adoption International
6940 South Holly Circle Centennial, Colorado 80112
school@chinesechildren.org 303-221-6688 www.chinesechildren.org

Chinese Cultural Camp for "Out-of-Towners"

June 18-20, 2008

Three-Day Camp Program Registration

Please Print Clearly-Thank You!

(If you are registering more than one of your children, ages 6 and above, please complete separate copies for each child.)

Name of Child _____

Birthdate (must be 6 years old, or older, by June 1, 2008) _____

Grade in School During 2007-2008 _____ Girl _____ Boy _____

Parent(s) Name(s) _____

Address _____

Phone (Home) _____ E-mail Address _____

(Work-Mother/Father) _____

Health Concerns and/or Dietary Restrictions (if any) _____

Phone number where parents can be reached while child is in Cultural Camp

Where do you plan to be staying during June 18 through 20? _____

If you are planning on staying in a hotel, you may not have made definite plans/reservations at this time. Once your plans are definite, please let us know, in case we need to get in contact with you during the camp session.

Please summarize your child's exposure to Mandarin Chinese. It is fine if your child has not had the opportunity to learn any Mandarin Chinese. We would just like to have an idea of the extent of the children's exposure, to help us to plan accordingly.

Did your child participate in one of our previous Summer Camp programs? _____ 2004 _____ 2005 _____ 2006 _____ 2007

Parent Volunteers

Would you like to help during the camp? Please indicate which dates/times you would like to volunteer. Please number your choices in order of preference. We will contact parents in regards to their volunteer dates/times by June 6th. If you have given us an e-mail address, we will contact you via e-mail.

Wednesday, June 18 ___ Morning (9-12) ___ Afternoon (12-3)
Thursday, June 19 ___ Morning (9-12) ___ Afternoon (12-3)
Friday, June 20 ___ Morning (9-11)

Photo Release

I, _____, parent of _____, hereby give permission to JCCC and CCC/CCAI to use photos taken during the Summer Camp Program in agency publications such as the CCC/CCAI Circle, and/or the CCC/CCAI website. Names of the children will not accompany any photos that are used.

Parent Signature

Date

Liability Agreement

By enrolling or participating in any Joyous Chinese Cultural Center (JCCC) program or activity, parents/guardians agree to waive any claim of liability against Chinese Children Charities/Chinese Children Adoption International (CCC/CCAI), JCCC, and its staff, in the event of any loss or injury resulting from participation in JCCC activities and events. Parents/guardians agree to be responsible for medical expenses which may be necessary following any injury incurred during participation in JCCC-sponsored programs.

I understand that the Joyous Chinese Cultural Center (JCCC) and Chinese Children Charities/Chinese Children Adoption International (CCC/CCAI) is not responsible for accidents or injury that may occur on the CCC/CCAI premises, or at other locations where JCCC/CCC/CCAI activities may occur. I understand that I am responsible for any medical treatment which may be necessary following any injuries which may take place while my child is participating in JCCC/CCC/CCAI events.

Name of Child _____

Parent/Guardian Signature _____

Date _____

Please send these three completed pages, as well as the Emergency Contact form and your payment, to JCCC. Please make checks payable to JCCC. If you would like to pay by Master Card or Visa, please indicate this on the payment page, and call Yu, Li at 303-221-6688, to process your credit card payment.

 Thank you! We are looking forward to a great time together! 

For Office Use Only:

Date Registration Received _____ Payment _____

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Emergency Contact Information and Medical Release Form

Please complete one copy per child participating in the camp program.

Date _____
Child's Name _____ Birthdate _____
Address _____
Mother (first and last name) _____
(H) _____ (W) _____ (cell) _____
Father (first and last name) _____
(H) _____ (W) _____ (cell) _____
Known Food Allergies _____
Any medical conditions that JCCC should be aware of _____
Name of Insurance _____ Phone _____

In the event that a parent is not in the JCCC facility during an emergency, please complete the following:

Emergency Contact Numbers (who should we call, including parents, in this order?)

1. Name _____ Phone _____
Relationship to child _____
2. Name _____ Phone _____
Relationship to child _____
3. Name _____ Phone _____
Relationship to child _____

Please complete the following, in case we are unable to reach any of the above individuals:

I hereby authorize any representative of the Joyous Chinese Cultural Center to take my child to the closest medical facility for medical treatment, in the event of an emergency during which neither parent can be reached. I will assume all financial liability relating to the medical care provided.

Parent Signature _____ Date _____
Please print name _____

I hereby authorize the medical facility to release my child to a representative of the Joyous Chinese Cultural Center, if care is no longer deemed necessary by a medical professional.

Parent Signature _____ Date _____
Please print name _____