

新澤西中文學校協會

Association of New Jersey Chinese Schools

Association of New Jersey Chinese Schools Youth Chinese Orchestra Youth Chinese Orchestra

2020 夏令營報名表 2020 Summer Camp Registration Form

Date / /

Member's Chinese Name : 中文姓名		Major Chinese Instrument Selection 參加本團主修樂器:	
Member's English Name: 英文姓名		Member's Email 電郵:	
Member's Phone 電話		Member's Email 電郵:	
Gender 性別 <input type="checkbox"/> M 男 <input type="checkbox"/> F 女	School 學校名稱	Grade 年級	Date of Birth 出生年月日 ____ / ____ / ____
1st Parent/Guardian Chinese/English Name/Relationship 家長 / 監護人中文 / 英文姓名 / 關係:		Cellular Phone 行動電話: E-Mail 電郵:	
2nd. Parent/Guardian Chinese/English Name/Relationship 家長 / 監護人中文 / 英文姓名 / 關係:		Cellular Phone 行動電話: E-Mail 電郵:	
Emergency Contact 緊急聯絡:		Emergency Contact Phone 緊急聯絡電話:	
What instruments (Chinese & Western) have you studied? How Long? 曾研習的各種中西樂器? 幾年?			
Home Address 住址:			
Summer Day Camp fee*: \$ 375 (360 before 4/30) Instrument rental: \$ 45 (3days) Orchestra T-shirts (2)*: add \$20 (Please specify S/M/L/XL) Adult: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> Cash, amount: _____ <input type="checkbox"/> Check, amount: _____ Check number _____			

Please continue on next page !



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Association of New Jersey Chinese Schools Youth Chinese Orchestra 2020 Summer Camp Allergy Form

2020 夏令營食物過敏表格

1.	您允許孩子食用營上同學、老師及營隊所提供的食品嗎？ Do you allow foods from classmates, teachers and/or our camp to your child?	<input type="checkbox"/> 可以, Yes <input type="checkbox"/> 不可以, No
2.	您的孩子有食物過敏嗎？ Does your child have any food allergies/restrictions?	<input type="checkbox"/> 有, Yes <input type="checkbox"/> 沒有, No
如果您在第二選項答案是“沒有”，請跳到第七個問題。 <i>If you answer "No" to question 2, please skip to question No. 7.</i>		
3.	假如您的孩子對食物過敏，請您詳加敘述食物過敏的種類？ If your child is allergic to food, what type of food are they allergic to?	回答, Answer:
4.	請您敘述孩子曾經有過食物過敏的症狀？ What symptoms does your child have if they come in contact with /ingest the foods to which they are allergic?	回答, Answer:
5.	您的孩子在使用過敏藥物嗎？ Is your kid taking allergy medication?	<input type="checkbox"/> 有, Yes <input type="checkbox"/> 沒有, No
6.	如果有,請列出您的孩子的過敏藥品(epi-pen, epi-pen junior, Benadryl, etc),並將過敏藥品讓 孩子隨身攜帶在營區 If yes, what medication does your child take? Please take the medication with them at all time.	回答, Answer:
7.	有沒有任何其他需要我們注意的事項？是 否有飲食限制, 例如素食？ Is there anything else you want us to be aware, such as vegetarian	回答, Answer:

Please mail the form with check to: ANJCSYCO summer camp

77 Heman St. Edison, NJ 08837

Check payable to: ANJCS Youth Chinese Orchestra (**ANJCSYCO**)

For inquiry, please contact: anjcsyco@gmail.com

Medical / Health Record

Student's Name: _____ Age: _____
(First Name) (Last Name)

HEALTH HISTORY

Serious injuries or operations (Dates):

Disability or chronic illness: _____

Activity restriction: _____

Current Medication (Please send instructions): _____

Name of family physician: _____ Phone: _____

Name of dentist/orthodontist: _____ Phone: _____

Choice of hospital: _____

Insurance information: Carrier _____ Policy or Group# _____

A. IMMUNIZATION HISTORY

Please complete the following table or attach copy of immunization record for student

Vaccine	Date of Immunization	Date of Last Booster
DPT (Diphtheria, Pertussis, Tetanus)		
TD (Tetanus, Diphtheria) OR		
Tetanus		
Oral Polio (TOPV)		
Injectable Polio		
Measles		
Mumps		
Rubella		
Other		
Tuberculin test given (most recent)		
Haemophilus influenza b		
Hepatitis B		

Please list any additional concerns in the space provided.

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MEDICAL/MEDIA RELEASE AUTHORIZATION

Student's Name: _____
(First Name) (Last Name)

C. PARENT / GUARDIAN MEDICAL RELEASE AUTHORIZATION

This health history is correct as far as I know, and the person herein described has permission to engage in all prescribed camp activities except as noted.

I give permission for my child to participate in camp programs, including any trips taken during the camp day. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities.

An accident or sudden illness to my child will be treated on the premises of the camp by the camp staff with emergency first aid procedures. I understand that prudent attempts will be made to contact me immediately. I will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from the camp to a designated place determined by me.

I hereby give permission to the medical personnel selected by the camp staff to order X-rays, routine tests, treatment and necessary related transportation for my child. In the event I cannot be reached in an emergency, I give permission to the physician selected by the camp staff to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Furthermore, I understand that I am fully responsible for all medical costs incurred by my child. I also understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian.

Parent/guardian's Name (Print): _____
Date _____

Parent/guardian's Name (Signature): _____

D. PARENT / GUARDIAN MEDIA RELEASE AUTHORIZATION

I hereby permit, consent and authorize photographs, videotapes and audio recordings made of my child while at the ANJCS Youth Chinese Orchestra Camp as an individual or part of a group, with or without text in ANJCS publications.

Parent/guardian's Name (Print): _____
Date _____

Parent/guardian's Name (Signature): _____