

2012 CAMP REGISTRATION FORM (2012 年活動營登記表格)

Camp Alumni Membership Program • 3138 Cabrillo St, San Francisco, CA 94121 • 415-387-2085 • info@campsf.org

CAMPER'S INFORMATION (參與者資料)		
Camper's Legal Name (first, MI, last) * 參與者合法姓名 (名 , 中間名縮寫 , 姓)	Date of Birth (mm/dd/yy) * 出生日期 (月 / 日 / 年)	# Year(s) at Camp (previous) 曾參加活動營多少年
Leader's Name from Previous Year (if returning) 上一年度活動營領隊姓名 (如今年再參加)		
Mailing Address, City, Zip, State * 郵寄地址 , 城市 , 州 , 郵編	E-Mail Address 電子郵件	
	Home Phone # 住家電話 *	Cell Phone # 手機
	School Name (in fall) and Grade 學校 (秋季就讀) 和年級	
Age(s) of Sibling(s) (list) 兄弟姊妹年齡 (列出)	Name of Friend(s) Attending Camp with You (list) 和你一起參加活動營的朋友之姓名	Primary Language(s) (list) 主要語言 (列出)
PARENT'S/LEGAL GUARDIAN'S INFORMATION (家長 / 合法監護人資料)		
Parent's/Legal Guardian's Name (first, MI, last) * 家長 / 合法監護人姓名 (名 , 中間名縮寫 , 姓)	Home Phone # (if different) 住家電話 (如不同)	Work Phone # (or mobile) * 工作電話 (或手機)
E-Mail Address 電子郵件		Relationship 關係 *
Emergency Contact (other than parent) * 緊急聯絡人 (家長以外)	Phone # 電話 *	Relationship 關係 *
HEALTH/MEDICAL INFORMATION (健康 / 醫療資料)		
Primary Health Care Provider 主要醫療服務者姓名 *	Phone # 電話 *	Phone # (alternate) 電話 (二)
Health Care Insurance 醫療保險公司 *		Health Care Insurance Policy # 醫療保險單號碼 # *
Allergies (check appropriate) 過敏 (選擇適用者) <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Bites <input type="checkbox"/> Aspirin <input type="checkbox"/> Penicillin 花粉症 蟲咬 阿士匹靈 盤尼西林	Other Allergies (food, medicine, etc.) (list) 其他過敏 (食物 , 醫藥等) (列出)	
Diseases and Date Contracted (mm/dd/yy) (check appropriate) 曾患以下病症和日期 (月 / 日 / 年) (選擇適用者) *		
Chicken Pox ___/___/___	German Measles ___/___/___	Measles ___/___/___ Hepatitis ___/___/___
水痘	德國麻疹	麻疹 肝炎
Mumps ___/___/___ Tuberculosis ___/___/___		Other(s)(Date) _____
腮腺炎	肺結核	其他 (日期)
Immunization History and Date Immunized (mm/dd/yy) (check appropriate) 防疫注射歷史和日期 (月 / 日 / 年) (選擇適用者) *		
Tetanus/Diphtheria ___/___/___	Tetanus Booster ___/___/___	Hay Fever ___/___/___
破傷風 / 白喉	破傷風加強劑	花粉症
Other(s)(Date) _____		
其他 (日期)		
Please specify medication(s) you currently take 請註明你目前服用的藥物		Dosage 劑量
Please list other concerns which may limit your experience at camp 請列出可能限制你在活動營活動之其他顧慮		
SESSION (組別) (PLEASE MAKE CHECKS PAYABLE TO: C.A.M.P.)		
(check one) (選一) *		
<input type="checkbox"/> Girls Camp 06/16/12 - 06/20/12 女童營 , 06/16/12 - 06/20/12	<input type="checkbox"/> Boys Camp 08/05/12 - 08/12/12 男童營 , 8/05/12 - 08/12/12	

FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED FOR REGISTRATION PROCESSING 有星 (*) 欄目必須填寫

PARTICIPATION AGREEMENT

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY:

The Camp Alumni Membership Program (C.A.M.P.), a member of Friends of Non-Profit Agency Inc., provides an exceptional opportunity for learning, growth, and friendship, but not without certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and session cancellation. All parents and legal guardians of participants must accept these and other risks as a condition for their child's participation in the Camp Program. C.A.M.P. will not accept any liability for injury, loss, expense or damage sustained as a result of any person's participation in the Camp Program. The participant and their parent or legal guardian will be required to sign this Participation Agreement, which will release C.A.M.P. and their representatives from any future claims as a result of the applicant's participation in the Camp Program.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of C.A.M.P. accepting my child's application for the Camp Program and allowing my child to participate in the Program, I hereby agree to the following:

- (1) TO WAIVE ANY AND ALL CLAIMS, whether in contract or in negligence, that I have or may in the future have against C.A.M.P., its directors, officers, volunteers and other representatives (all of whom hereinafter will be collectively referred to as 'the Releasees') because of my child's participation in the Camp Program;
- (2) TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my child's participation in the Camp Program, due to any cause whatsoever, INCLUDING BREACH OF CONTRACT OR NEGLIGENCE ON THE PART OF THE RELEASEES;
- (3) TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability, loss, damage, injury or expense to any third party, resulting from my child's participation in the Camp Program;
- (4) TO GRANT PERMISSION TO ANY MEDICAL PERSONNEL selected by the camp directors to order routine tests, secure proper treatment, which may include hospitalization, if necessary, for my child in the event of a medical or surgical emergency;
- (5) TO CONSENT TO THE USE OF ANY PICTURE OR LIKENESS of my child in connection with C.A.M.P.'s advertising, promotion, marketing, public relations, or any other purpose;
- (6) THAT THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

I hereby affirm the information on this registration form is accurate to the best of my knowledge and grant permission for the applicant, whose name appears below, to participate in the Camp Program. I confirm that I have read, understood and agree to all sections of the Participation Agreement as stated above, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns, and representatives may have against the Releasees.

Participant's Signature	Name (print clearly)	Date (mm/dd/yyyy)
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Parent's/Legal Guardian's Signature	Name (print clearly)	Date (mm/dd/yyyy)
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FOR REGISTRATION TO BE PROCESSED, THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED, DATED, AND ACCOMPANIED BY A NON-REFUNDABLE \$50 REGISTRATION FEE.

參與協議

此文件包括重要的法律後果。簽署此文件你將放棄某些法律權利，包括控告之權利。請小心閱讀：

The Camp Alumni Membership Program (C.A.M.P.)是Friends of Non-Profit Agency, Inc.機構的一部份，在此合稱為C.A.M.P.，為所有參與者提供一個特殊的學習、成長、和培養友誼的機會，但對所有的參與者並非沒有某類風險、危險、意外、或責任。這包括但不限於個人受傷、死亡、財物損失、支出、和其他損失、延誤或不方便、或取消小組活動。所有參與者的家長和法定監護人必須接受這些和其他的風險，作為他們孩子參與活動營計劃的條件之一。C.A.M.P.不會因任何人士參與活動營計劃召致之受傷、損失、支出、或傷害而負責。參與者和他們的家長或合法的監護人需要簽署此協議，解除對C.A.M.P.和他們代表因申請者參與活動營計劃而導致之任何未來索賠。

解除責任和放棄索賠

為考慮C.A.M.P.接受我孩子參與活動營計劃並准我的孩子參加計劃，我謹此同意如下：

- (1) **放棄任何和所有的索賠**，不論是合約訂定或疏忽，因我的孩子參與活動營而我持有或未來可能持有向C.A.M.P.，其附屬機構，代理，董事，幹事，義工或其他代表（以下統稱為「免除責任者」）要求索賠；
- (2) **解除向免除責任者因我孩子參與活動計劃**，不論什麼原因，包括違約或對免除責任者之疏忽而導致我或我的近親有任何損失、損害、受傷或支出之任何和所有責任；
- (3) **解除免除責任者不會因我孩子參與活動營計劃導致任何第三者之任何和所有責任**，損失，損害，受傷，或支出；
- (4) **准予活動營管理人在有醫療或手術緊急情況下**，為我的孩子選擇任何醫療人士進行例行檢驗、適當治療，可包括如有需要入醫院留醫等；
- (5) **同意使用任何我孩子與C.A.M.P.有關之圖片或照片供廣告宣傳、推廣、行銷、公共關係、或任何其他目的用**；
- (6) **此協議應予生效**，如我去世，並對我的繼承人，近親，執行者，管理人和讓受人具約束力。

我謹此證明此登記表後面的資料據我所知準確，並准予申請者，其名字如下，參與活動營計劃。我確認我已閱讀、明白、和同意參與者協議上述所有條款，而我知道簽署此協議，我現在放棄我或我的繼承人，近親，執行者，管理人和讓受人或代表可能追究免除責任者之某些法律權利。

Participant's Signature

Name (print clearly)

Date (mm/dd/yyyy)

Parent's/Legal Guardian's Signature

Name (print clearly)

Date (mm/dd/yyyy)

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