



卡城華人社區服務中心

Calgary Chinese Community Service Association

1, 128 – 2nd Ave SW, Calgary AB T2P 0B9 • Tel: (403) 265-8446 • Fax: (403) 233-0070

2015 Summer Camp Registration Form

2015 年度夏令營報名表

Information of participant 參加者資料

Name: _____
姓名 英文 (English) 中文 (Chinese)

Date of Birth: _____ (D) _____ (M) _____ (Y) Age: _____ Gender: ___ M ___ F
出生日期 日 月 年 年齡 性別 男 女

Alberta Health Care No. 亞省醫療咭號碼: _____

Medical History (Allergies, Disabilities, Medication, etc) 病歷 (例如過敏、糖尿病、服用醫藥等):

Special Instruction 特別指示: _____

Parent or Legal Guardian Information 父母或合法監護人資料

Name: _____
姓名 英文 (English) 中文 (Chinese)

Address: _____ Postal Code: _____
住址 郵區號碼

Phone: (H) _____ (W) _____ (C) _____
電話 家 工作 手提

E-mail 電郵: _____

May we contact you about other programs/services CCCSA offers? ___ Yes ___ No
如本中心舉辦其他活動/服務時，可否聯絡通知閣下? 是 否

Language Preferred 以何種語言與閣下聯絡較適合: (E) 英文 _____ (M) 國語 _____ (C) 廣東話 _____

Emergency Contact (If different from above) 緊急事故聯絡人 (與上述父母或監護人不同)

Name: _____
姓名 英文 (English) 中文 (Chinese)

Relationship to the attendant 與參加者關係: _____

Phone: (H) _____ (W) _____ (C) _____
電話: 家 工作 手提

Language Preferred 以何種語言與閣下聯絡較適合: (E) 英文 _____ (M) 國語 _____ (C) 廣東話 _____



卡城華人社區服務中心

Calgary Chinese Community Service Association

1, 128 – 2nd Ave SW, Calgary AB T2P 0B9 • Tel: (403) 265-8446 • Fax: (403) 233-0070

Summer Camp 2015

Age group 年齡組別: 6 to 13 years old

Date 日期: 6th July, 2015 – 12th August, 2015 (Except 3rd August, 2015 – Heritage Day Holiday)

Time 時間: Monday to Friday (星期一至星期五) / 9:00 a.m.- 4:00 p.m. (上午 9 時至下午 4 時)

Location 地點: Bridgeland Riverside Community Association (917 Centre Ave NE)

Phone 聯絡電話: (403) 265 – 8446

Bring your own lunch

Cost 費用:

Sign up for 3-4 weeks and get a 10% discount

Sign up for 5+ weeks and get a 15% discount

	Date	
Kids Alive!	July 6 – July 10, 2015	___\$150
Save Our Senses!	July 13 – July 17, 2015	___\$150
Art Xplode!	July 20 – July 24, 2015	___\$150
Let loose!	July 27 – July 31, 2015	___\$150
Aye Discover!	August 3, - August 7, 2015 <small>*August 3rd is a holiday</small>	___\$120
CampOUT!	August 10 – August 12, 2015	___\$180

After Care

Optional After Care Charges (4:00- 5:00 pm) @ 15/week: Yes___ No___

No. of week(s) _____ x \$15/week = Total \$ _____

Total Cost = _____ + _____ - _____ = _____

(Camp cost) (After Care) (Discount) (Total)

***Full Refund less a 30% processing fee will be given if refund is requested 2 weeks before start of camp**



卡城華人社區服務中心

Calgary Chinese Community Service Association

1, 128 – 2nd Ave SW, Calgary AB T2P 0B9 • Tel: (403) 265-8446 • Fax: (403) 233-0070

2015 Summer Camp Registration Form

2015 年度夏令營報名表

Parental Consent and Waiver Form

To be completed and returned by the parent/legal guardian of all participants taking part in activities with the Calgary Chinese Community Service Association.

Program: Summer Camp 2015

I agree to my daughter/son (*Printed Name/Child*), _____ taking part in the above mentioned program. I understand that there are inherent risks in the variety of activities in which my child will participate during the CCCSA summer camp. By signing this waiver, I waive my right to any and all claims that I may have against the CCCSA, their staff and representatives for any injuries or of an emergency and I cannot be reached, permission hereby granted to the CCCSA to secure medical treatment for my child. I give my permission for any emergency physician to treat the person named above. I accept for all medical expenses incurred.

Signature Date (DD/MM/YYYY): _____

Printed name of Parent/Guardian: _____

Signature: _____

Photo Release Waiver

I grant the CCCSA Summer Camp 2015 permission to use, for promotional purposes, photographs taken during the camp.

Personal information of this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(C) RSA 2000. If you have any question regarding the collection or usage of this information, please contact Keith Ong.

Child's name _____ Parent's name _____

Date: _____ Signature: _____