



卡城華人社區服務中心
Calgary Chinese Community Service Association
1406 Centre Street NE, T2E 2R9 • Tel: (403) 265-8446 • Fax: (403) 233-0070

2017 Spring Camp Registration Form
2017 年度春令營報名表

Information of participant 參加者資料

Name: _____

姓名 英文 (English) 中文 (Chinese)

Date of Birth: _____ Age: _____ Gender: M F
出生日期 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



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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

Spring Camp 2017

Age group 年齡組別: 6 to 12 years old
 Date 日期: March 27th, 2017 – March 31st, 2017
 Time 時間: Monday to Friday (星期一至星期五) / 9:00 a.m - 4:00 p.m.
 Location 地點: Bridgeland Riverside Community Association (917 Centre Ave NE, T2E 0C6)
 Phone 聯絡電話: (403) 265 – 8446

Participants have to bring their own lunch and water bottle for all days.
 參加者需攜帶午餐及水壺。

Cost 費用:

\$100 per child for all 5 days
 Early Bird Special if you register in February (10% off)

After Care (Optional)

Optional After Care Charges (4:00 - 5:00 pm) @ \$15 for 5 days: Yes No

Total Cost = { 100 - } + =
(Camp cost) (Discount) (After Care) (Total)

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



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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 (CCCSA).

Program: Spring Camp 2017 (春令營)

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 (MM/DD/YYYY):

Printed name of Parent/Guardian: _____

Signature:

Photo Release Waiver

I grant CCCSA Spring Camp 2017 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 Adrena Tan.

Child's name Parent's name

Date: Signature: