



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

2016 Spring Camp Registration Form

2016 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: _____ (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 _____



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Spring Camp 2016

Age group 年齡組別: 6 to 13 years old
Date 日期: March 21st, 2016 – March 24th, 2016
Time 時間: Monday to Thursday (星期一至星期四) / 8:30 a.m.- 4:30 p.m.
Location 地點: Bridgeland Riverside Community Association (917 Centre Ave NE)
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:

\$70 per child for all 4 days
Early Bird Special if you register in February (10% off)

After Care

Optional After Care Charges (4:30 - 5:00 pm) @ \$15 for 4 days: Yes___ No___

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**



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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.

Program: Spring Camp 2016

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 Spring Camp 2016 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: _____