



# 卡城華人社區服務中心

## Calgary Chinese Community Service Association

# 1, 128 – 2<sup>nd</sup> 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 \_\_\_\_\_



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### Summer Camp 2015

Age group 年齡組別: 6 to 13 years old

Date 日期: 6<sup>th</sup> July, 2015 – 12<sup>th</sup> August, 2015 (Except 3<sup>rd</sup> 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 3<sup>rd</sup> 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**



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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: 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 medial 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: \_\_\_\_\_