

# 2008 Summer Camp Registration Form

**Chinese for Christ Church of Hayward**  
**Children Entering Kindergarten Through 7<sup>th</sup> Grade**

**August 11- August 15, 2008 09:00AM – 04:30PM**

**Registration Fee**

Please Circle	EARLY BIRD Register on or before 07/6/2008	REGULAR Register after 07/6/2008
Firs Child	\$45	\$50
Each Additional Sibling	\$40	\$45

**Remarks:**

1. Please be on time to pick up your child. If late, there will be a charge for \$1.00 for every minute late after 5:00pm.
2. **Lunch excluded. Please have your child bring his/her own lunch.**
3. Registration fee includes One Free T-Shirt. Please circle size below.

**PLEASE PRINT**

<b>1<sup>st</sup> Child's Name:</b>			
Grade Level in Fall:	Date of Birth:	Age:	Gender / T-Shirt Size: M F / S M L
Address:	City:	Zip:	
Parent/Guardians Name			
Home Phone:	Cell Phone:	Work Phone:	
Work Address:	City:	Zip:	

<b>2<sup>nd</sup> Child's Name:</b>			
Grade Level in Fall:	Date of Birth:	Age:	Gender / T-Shirt Size: M F / S M L

**Emergency contact information** (used if parent/guardian is unavailable)

Name:	Relationship to Child:	Phone:
Name:	Relationship to Child:	Phone:

**Emergency medical information**

Allergies	
Limitations/Disabilities/Restrictions	
Family Doctor:	Phone:
Family Dentist:	Phone:
Health Insurance Co.:	Phone:
Policy ID#:	Name of Insured:

**Chinese for Christ Church Hayward, 22416 Meekland Avenue, Hayward, CA 94541**

Tel: (510) 581-1630 Fax: (510) 581-5653 URL: [www.cfcchayward.org](http://www.cfcchayward.org)

My child (or children), \_\_\_\_\_ has my permission to participate in Summer Camp Program at CFCC Hayward. I understand that any activity has inherent risks and I assume full financial responsibility for any injury that may occur. I further agree not to hold Chinese For Christ Church of Hayward responsible for any injury that may occur.

I hereby authorize the staff of Summer Camp 2008 to consent for necessary medical treatment and hospital care for the said minor, which is deemed advisable by and to be rendered under the general or special supervision of any physician or surgeon or dentist licensed under the state act. I further agree to accept full financial responsibility for said treatment. This authorization will remain in effect while the said minor is involved in any activity of Summer Camp 2008 unless I/we revoke in writing and deliver to the staff of Summer Camp 2008.

I further understand that the promotional pictures may be taken during a camp or activity; I authorize Chinese For Christ Church of Hayward to use photographs of my child for promotional materials.

I hereby agree and authorize the terms and conditions for the medical and photo releases as stated above.

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**Medical and Photo Release:** Pursuant to California Family Code 6910 – Pursuant to California Penal Code Section 12552

I hereby agree and authorize the terms and conditions for the medical and photo releases as stated on the backside of this form.

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(Parent signature)

(Date)