



# 卡城華人社區服務中心

## Calgary Chinese Community Service Association

1406 Centre Street NE, Calgary AB T2E 4S1 • Tel: (403) 265-8446 • Fax: (403) 233-0070

### 2018 Summer Camp Registration Form

### 2018 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 2018

Age group 年齡組別: 6 to 17 years old;

Date 日期: 2nd July, 2018 – 10<sup>th</sup> August, 2018

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:

	Date	
CampOUT II*	July 4 – July 6, 2018	___\$240
CampOUT I	July 11 – July 13, 2018	___\$220
One World!	July 16 – July 20, 2018	___\$190
Kids Alive!	July 23 – July 27, 2018	___\$170
Let loooooose!	July 30, - August 3, 2018	___\$170
Aye Discover!	August 6 – August 10, 2018	___\$170

\*CampOUT II -- 11 to 17 years old  
CampOUT I - preferably 8-12 years old

Package:

Any 4 weeks: \$680

Any 5 weeks: \$800

All 6 weeks! : \$950

### After Care

Optional Before Care Charges (830-9am)@20/week: Yes\_\_\_ No\_\_\_

Optional After Care Charges (4:00- 5:00 pm) @ 20/week: Yes\_\_\_ No\_\_\_

No. of week(s) \_\_\_\_\_ x \$20/week = Total \$ \_\_\_\_\_

**Total Cost = \_\_\_\_\_ - \_\_\_\_\_ + \_\_\_\_\_ = \_\_\_\_\_**

**(Camp cost/ Package) (Discount) (Before/Aftercare) (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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**2018 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 2018**

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.

**Photo Release Waiver**

I grant the CCCSA Summer Camp 2018 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.

**Signature Date (DD/MM/YYYY):** \_\_\_\_\_

**Printed name of Parent/Guardian:** \_\_\_\_\_

**Signature:** \_\_\_\_\_





**Scouts Canada**  
**Parent/Guardian Consent Form**  
**For Category Three Activities and Out of Country Travel**  
 (Leaders: this is to be filed with Camping/Outdoor Activity Application)

**Note: If applicant is under 18, parent or guardian must sign.**

Youth's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_  
 Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Parent/Guardian Name: \_\_\_\_\_

**Residents of all Provinces/Territories except Quebec:**

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. This is my permission for the leader in charge, or designate, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

**Residents of Quebec:**

Experience has shown that in connection with Scouting activities there are times when illness or accident may occur and immediate surgical or medical attention is necessary. In the event of an emergency in which my child's life is in danger or his/her integrity is threatened, and I cannot be reached to provide consent, I agree that care may be provided to my child without my consent, as contemplated in paragraph 1 of article 13 of the *Civil Code of Quebec*. I understand that I will be notified by the quickest means possible if this authority is exercised.

**IF YOU WILL BE ABSENT FROM YOUR NORMAL PLACE OF RESIDENCE DURING THE PERIOD WHEN THE EVENT IS BEING HELD, PLEASE INDICATE HOW YOU CAN BE CONTACTED:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**OR**        **I will attend the event/activity with my child/ward.**

**Permission to participate:**

I the undersigned, having read, understood and completed the above, and having been briefed regarding the nature of the activity, hereby give my permission for my child/ward to attend and participate in:

- the following event/activity: \_\_\_\_\_
- at the following location: \_\_\_\_\_
- with the following Leader in charge: \_\_\_\_\_
- on the following date: \_\_\_\_\_

**I HAVE REVIEWED THE INFORMATION ON MY CHILD'S/WARD'S PROGRAM PARTICIPANT ENROLMENT FORM AND CONFIRM THAT THE INFORMATION IS UP TO DATE.**

Signed, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OUT-OF-COUNTRY TRAVEL**

**Both Parent/Guardian's Signatures Required for Out-of-Country Travel**

Signed, Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

1. Signed before me, \_\_\_\_\_ (name of witness), this \_\_\_\_\_ (date)  
 by \_\_\_\_\_ (parent/guardian's name) at \_\_\_\_\_ (name of location).

Witness Signature: \_\_\_\_\_

Signed, Parent Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

2. Signed before me, \_\_\_\_\_ (name of witness), this \_\_\_\_\_ (date)  
 by \_\_\_\_\_ (parent/guardian's name) at \_\_\_\_\_ (name of location).

Witness Signature: \_\_\_\_\_