

Austin Sunshine Chinese School Summer Camp Registration Form

Camper Name: _____

Child

First _____ Middle _____ Last _____ Gender: Male __ Female__

School Name _____ Grade _____ Age _____

Street Address _____

City _____ State _____ Zip code _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____

Street Address _____

City _____ State ____ Zip Code _____ Home Phone _____ Work Phone _____

Cell phone _____ E-mail _____

Parent/Guardian #2

First _____ Last _____

Street Address _____

City _____ State ____ Zip code _____ Home Phone _____ Daytime phone _____

Cell phone _____ E-mail _____

Emergency Contact Information – Alternate Pickup/Release

Emergency Contact #1

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Emergency Contact #2

First Name _____ Last Name _____ Home Phone _____ Work Phone _____

Cell Phone _____ Email _____ Relation to child _____

Please list those people including in addition to parents/guardians who are permitted to pick up your child:

1: _____ 2: _____ 3: _____

Medical Release Information

Insurance Information

Policy Number _____ Name of Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

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Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Should paramedic be called?</u>
_____	_____	Yes/No
_____	_____	Yes/No
_____	_____	Yes/No

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason?

Yes__ No__ If yes, explain: _____

Is your child allergic to any type of food or medication?

Yes__ No__ If yes, explain: _____

Does your child require a special diet?

Yes__ No__ If yes, explain: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

The list of food your child likes:

The list of food your child absolutely can't stand:

The list of food you want your child to try:

Terms of Agreement

Photo Release

I hereby give permission for my child to be photographed during the **Austin Sunshine Chinese School Summer Camp**. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports and for promotional purposes including flyers, brochures, newspaper and on the internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed, I do not expect compensation and that all photos are the property of Austin Sunshine Chinese School Summer Camp and its affiliates.

Parent's/Guardian's Initials _____

The Austin Sunshine Chinese School is not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's' photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be

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reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Director Signature: _____

Participation Consent Form

(REQUIRED)

I, the undersigned*, hereby release discharge, indemnify, hold harmless and defend Austin Sunshine Chinese Language and Arts School), its owners, employees from any and all liability (claims, demands, losses, causes of action, suits, judgements) of any kind that I or my family may have against District due to death, personal injury or illness, loss or damage to property, or future causes that occur during the 2023 Austin Sunshine Chinese Summer Camp. In the event of any medical emergency, I authorize and consent for District to act on behalf for medical care deemed necessary for the participant.

Name of Participant

Name of Parent

Medical Insurance Company

Policy Number

Family Doctor Phone Number

*Parent Signature

Contact Phone Number Date