

**“Chinese Cultural Learning Camp” 2009 Registration Form**  
**July 20 – 24, 27 - 31, 2009 (Two weeks)**

Student’s name: \_\_\_\_\_

Home address (include postal code): \_\_\_\_\_

\_\_\_\_\_

Phone #1: \_\_\_\_\_, Phone #2: \_\_\_\_\_, Phone #2: \_\_\_\_\_

Age, School and Grade: \_\_\_\_\_

Emergency contact (i.e. close friend or relative): \_\_\_\_\_

Name and relationship to student: \_\_\_\_\_

Phone #1: \_\_\_\_\_, Phone #2: \_\_\_\_\_, Phone #2: \_\_\_\_\_

A few words about the student’s prior knowledge about China: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child (name) \_\_\_\_\_ to participate in “Chinese Cultural Learning Camp” at the “St. Malachy’s Memorial High School” from July 20 – 24, and 27 - 31, 2009. I understand and accept the ordinary risks of accident or injury to my son/daughter which may arise during the course of the two weeks. I recognize that no liability will arise on the part of any teachers or volunteer assistants associated with the Chinese Cultural Association of Saint John as a result of such an accident or injury, except such as may be occasioned by negligence or failure of any duty on the part of the teachers or volunteer assistants.

Parent or Guardian’s signature \_\_\_\_\_

**Registration Fee:** Please include a cheque for \$100 (CCASJ family member) or \$120 (non-CCASJ family member), postdated July 15, 2009 and payable to “Chinese Cultural Association of Saint John”. Please mail your registration form and cheque to **CCASJ, P.O. Box 2661 Saint John, NB E2L 4Z1**

## Health Information

Student's name: \_\_\_\_\_

Medicare number: \_\_\_\_\_, Date of birth and age: \_\_\_\_\_

Please outline, in detail, any of the following:

Food allergies and/or other allergies: \_\_\_\_\_

Drug allergies: \_\_\_\_\_

Other health-related issues:

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This is to certify that I (name of parent or guardian) \_\_\_\_\_,

give my consent to teachers and volunteer assistants of the Chinese Cultural Association of Saint

John - **Chinese Cultural Learning Camp** to obtain medical care for my child (name)

\_\_\_\_\_ for any injury or illness which may arise during activities

associated with "Chinese Cultural Learning Camp" at the "St. Malachy's Memorial High

School" from July 20 – 24, and 27 - 31, 2009.