**Application Form for “Experience China” Summer Camp**

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| Participant Name（Print）: | Grade: |
| Birthdate: | |
| Week (1) 　　□ Week (2) 　　□ | |
| School name:  Elementary □ Middle □ High □ | |
| Email: | |
| Home address: | |
| Participant’s cell phone: | |
| Parent’s/Guardian’s cell phone: | |
| In case of any illness or injury, are we allowed to contact participant’s physician? Yes □ No □  Name of the physician:  Phone of the physician: | |
| Allergies: | |
| Remarks for Parent/Legal Guardian:   * Transportation not provided; * Lunch NOT included (please provide bagged lunch from home); * Snacks/drinks will be provided; * No make-up classes or refund for any absences. | |
| As participant in the summer camp, I will follow all classroom rules and maintain good conduct with my teachers and other students.  Participant’s Signature: 　 Month: date： Year:  Parent’s/Guardian’s Signature: 　 Month: date： Year: | |