**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.
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| 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: |