

Application Form for “Experience China” Summer Camp

Participant Name (Print) :	Grade:
Birthdate:	
Week (1) <input type="checkbox"/>	Week (2) <input type="checkbox"/>
School name: Elementary <input type="checkbox"/> Middle <input type="checkbox"/> High <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>	
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: