

2010 Chinese Brush Painting Camp

Registration form

First Name (in English & Chinese): _____ **Last Name:** _____

Sex: ___ **DOB:** ___/___/___ (mm/dd/yyyy), **regular school** _____ **grade** _____

Local Address: _____ **City:** _____ **Zip:** _____

Mother: _____ **Home #:** _____ **Work #:** _____ **Cell #:** _____

Father: _____ **Home #:** _____ **Work #:** _____ **Cell #:** _____

Mother Email: _____ **Father email:** _____

Local Emergency Contact: (other than parent/guardian)

Name: _____ **Home Phone:** _____ **Work Phone:** _____

Child's Physician: _____ **Location:** _____

Medical Insurance Carrier: _____ **Policy or Group ID #:** _____

In the event your child gets accidental injury during our program, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent immediately and/or call 911 or take the child to the nearest hospital. We may also notify the physician listed on the medical information. Any expenses incurred for the above actions will be the responsibility of the parent, not the school and its staffs.

I hereby authorize the camp and its staff members to take full charge of any emergency that may possibly occur. I will not hold the school and any staff member liable in case of accidents or injuries.

Please Circle (may choose sessions or weeks):

Session I: June 14-July 2 (June14-18 June21-25 June28-July2) Session II: July12-30 (July12-16
July19-23 July26-30) Session III: Aug2-20 (Aug2-6 Aug9-13 Aug16-20)

----- **Registration fee and Deposits** -----

Please attach a check made payable to **ASAC** for \$35 registration fee plus \$40 per week deposit, mail to **306 Laurens Way, Chapel Hill, NC 27516**

Once registration is confirmed, registration and deposit fee are non-refundable/non-transferable under any circumstance.

Registration fee.....\$35

Deposit: \$40X _____ week(s) checked above.....\$ _____

Total amount attached.....\$ _____

Parent Signature _____ Date: _____