

# 2010 Special Summer 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:**

June1-4    June 7-11    June14-18    June21-25    June28-July2    July6-9    July12-16    July19-23

July26-30    Aug2-6    Aug9-13    Aug16-20    Aug23\*, 24\*:    \*\$28 or \$30 per day. No camp on July 5

----- **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: \_\_\_\_\_