



中華基督教循道衛理美以美會

**Chinese United Methodist Church**

920 Washington Street      Minister-in-charge for Day Camp  
San Francisco, CA 94108      Rev. Ernest Kan  
Tel & Fax (415) 981-8408      chineseumc@sbcglobal.net



**2019 Summer VBS Camp Registration Form**

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Grade Level Next Fall \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

The registration fee is \$20. Your child is not registered until registration fees have been received. All registration fees are **NON-REFUNDABLE**, except in the event that our program becomes full and cannot accept your child.

Please check the line if you are enrolling your child: 9am – 3pm (\$20)

July 29<sup>th</sup> – August 2<sup>nd</sup>

**CUMC Use Only**

Please make checks payable to **CHINESE UNITED METHODIST CHURCH** and send completed forms and payment to the address listed at the top of this form. You may also bring the form and payment to the address above in person on Sundays from 8am – 2pm.

**EMERGENCY INFORMATION**

① Contact Person : \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # : \_\_\_\_\_

② Contact Person : \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # : \_\_\_\_\_

Does your child have medical insurance?      Yes      No

If yes, please specify the name of the medical insurance carrier and your child's medical insurance number:

Insurance Carrier: \_\_\_\_\_ Insurance # : \_\_\_\_\_

Allergies & Medical Concerns: \_\_\_\_\_

I understand that participation in the activity involves a certain degree of risk. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activity. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Chinese United Methodist Church, the activity coordinators, all volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I give permission for the Chinese United Methodist Church VBS Camp staff, as an agent for me, to consent to any medical treatment which may become necessary. However, I will not hold the Chinese United Methodist Church or its VBS Camp staffs and volunteers responsible in case of accident or injury.

\_\_\_\_\_  
Parent's Name

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



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2019 暑期聖經學校報名表

學生姓名 \_\_\_\_\_ 性別 \_\_\_\_\_ 出生日期 \_\_\_\_\_

住宅地址 \_\_\_\_\_ 城市 \_\_\_\_\_ 州 \_\_\_\_\_ 郵區號碼 \_\_\_\_\_

住宅電話 \_\_\_\_\_ 手機號碼 \_\_\_\_\_ 暑期后開學就讀年級 \_\_\_\_\_ 衣服尺寸 \_\_\_\_\_

報名費是20元，你需支付了報名費後才可給您孩子預留位置，所有報名費是不會退還的，除非日營滿額而沒有額外的位置給您的孩子。

如果確認報名，請在日期前打✓：早上9點至下午3點（\$20元）

7月29日 - 8月2日

CUMC Use Only

支票請寫抬頭人為 **CHINESE UNITED METHODIST CHURCH** . 請把填妥後的參加表格連同支票寄交本教會收。你也可親身於禮拜日上午八時至下午二時前來本教會交回表格和支票。

緊急通知方法（在緊急情況下可聯絡下列親人）

① 姓名：\_\_\_\_\_ 與學生關係 \_\_\_\_\_ 手電#：\_\_\_\_\_

② 姓名：\_\_\_\_\_ 與學生關係 \_\_\_\_\_ 手電#：\_\_\_\_\_

你的子女有沒有醫療保險？ 有 沒有

若有的話，請填寫有關你的子女保險資料：

保險公司：\_\_\_\_\_ 保險編號#：\_\_\_\_\_

你的子女對那些食物有敏感：\_\_\_\_\_

你的子女的健康需要特別照顧的地方：\_\_\_\_\_

授權和免責聲明

我同意我的子女參加貴教會的活動。我明白我的子女要在活動中要遵守活動規則，而這些活動可能會有損傷。在任何情況下，我授權 Chinese United Methodist Church 的員工、或義工代表我和我的家人向我的子女作施行適當的緊急醫療。我同時絕對不會向 Chinese United Methodist Church 的員工、或義工在任何意外和受傷事上作醫療上和法律上的任何追究。

家長姓名

家長簽名

日期