

中華基督教循道衛理美以美會

Chinese United Methodist Church

920 Washington Street San Francisco, *CA* 94108 Tel & Fax (415) 981-8408

Minister-in-charge for Day Camp Rev. Ernest Kan chineseumc@sbcglobal.net



2019 Summer VBS Camp Registration Form

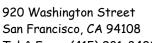
Child's Name		Sex	Date of Birth_		
Address		City	State	Zip Code	
Home Phone	Cell Phone		Grade Level Next Fall _	T-Shirt Size	
The registration fee is \$20. Y REFUNDABLE , except in th				egistration fees are NON-	
Please check the line if you are	e enrolling your child: 9an	n – 3pm (\$20)			
July 29 th – August 2 nd			CUMC Use Only		
Please make checks payable to address listed at the top of this – 2pm. EMERGENCY INFORMAT	form. You may also bring				
①Contact Person :		Relationship	Phone # :		
②Contact Person :		Relationship	Phone # :		
Does your child have medical If yes, please specify the name		No carrier and your child	's medical insurance number:		
Insurance Carrier:	Insurance # :				
Allergies & Medical Concerns	:				
I understand that participation given consent for myself or m and requires participants to a activity coordinators, all volu- liability arising out of this part	y child to participate in the abide by applicable rules anteers, related parties, or	ne activity. I understands and standards of con	nd that participation in the ac duct. I release Chinese Unite	ctivity is entirely voluntary ed Methodist Church, the	
In case of emergency involving for me, to consent to any medic Church or its VBS Camp staff	ical treatment which may	become necessary.	However, I will not hold the		
Parent's N	Name	Parent's S	Signature	Date	



和法律上的任何追究。

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Tel & Fax (415) 981-8408 chineseumc@sbcglobal.net 2019 暑期 聖經學校報名表 性別 出生日期 學生姓名 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) **CUMC Use Only** 7月29日 - 8月2日 支票請寫台頭人為 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: 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 我同意我的子女参加贵教會的活動。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。 在任何情况下,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

家長姓名 家長簽名 日期