MHCS 2010 Summer Camp Registration and Waiver form

Camper's Name: _____ Gender: M F
First MI Last

E-Mail: _____ Date of Birth: _____
mm/dd/year

Address: _____

_____
City State Zip code

Home Phone #: _____ Cell Phone #: _____

Emergency Contact: _____
First MI Last

Relationship w/ Camper: _____ Emergency Phone #: _____

Grade as of Sep. 2010: _____ Chinese Language experience (yrs): _____

Allergies (if yes, please describe): Y N

_____

Medical Concerns (if yes, please describe): Y N

_____

Signature of parent(s) or Guardian(s): _____

Please include: ____ Completed waiver ____ Camp Fee ____ Copy of Insurance

I hereby authorize Murray Hill Chinese School to have my child: (circle yes or no for each):

Photographed (for MHCS use only) Yes No

Participate in media coverage (videotape/photographs/interviews) Yes No

Website usage (following the guidelines above)

Photo(s) (on the web) Yes No Personal information (on the web) Yes No

Name of student (please print): _____
First MI Last

Name of parent or guardian (please print): _____
First MI Last

Signature of parent or guardian: _____ Date: _____