

2020 Chinese Summer Camp Registration form

Please circle: Chinese Language and culture

+Abacus 珠心算, +Color Pencil Basics, +Pencil Sketch

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

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

Home Address: _____ City: _____ Zip: _____

Mother: _____ Work #: _____ Cell #: _____

Email _____ WeChat ID (optional) _____

Father: _____ Work #: _____ Cell #: _____

Email _____ WeChat ID (optional) _____

Local Emergency Contact: (other than parent/guardian)

Name: _____ Home Phone: _____ Work Phone: _____

Child's Physician: _____ Location: _____

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

Please Circle:

June 15-19 June 22-26 June 29-July 2* July 6-10 July 13-17 July 20-24 July 27-31

Aug 3-7 Aug 10-14 Aug 17-21

*no camp on July 3 (base tuition of week of June 29 is \$180).

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

Please mail the form and a check[made payable to ASAC] of \$40 registration fee plus \$50 per week deposit, to 306 Laurens way, Chapel Hill, NC 27516

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

Registration fee.....\$40

Abacus material fee珠心算学习资料费 (optional).....\$10

Math material fee 数学学习资料费(optional).....\$13

Deposit: \$50X _____ week(s) checked above.....\$ _____

Total amount attached.....\$ _____

Parent Signature _____ Date: _____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
For American School of Asian Culture
all programs and activities

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event and activity holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: American School of Asian Culture and/or their directors, officers, employees, volunteers, representatives, and agents, and the programs, activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature (Please print legibly.)	Date	Participant's Name	Age
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Parent/Guardian Signature (If under 18 years old, Parent or Guardian must also sign.)	Date
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