



Motivating Youth to Succeed
啟導青年 邁步向前

SUMMER PROGRAM SITE (please check one):

- Bethel Grace Lutheran Ministries – Portola Site 波托拉區
 TBD - Sunset Site 日落區

Summer Program 2011 Registration Form

社區青年中心暑期班報名表格

June 13, 2011 - July 22, 2011

GENERAL INFORMATION 個人資料

Child's Name 姓名	Gender 性別	Date of Birth 生日	
Home Address 地址		City 城市	State 州
		Zip Code 郵區號碼	Home Phone #
Mother's Name 母親的姓名	Cellular # (手機號碼)	Work # (工作電話號碼)	
Father's Name 父親的姓名	Cellular # (手機號碼)	Work # (工作電話號碼)	
Current Grade / Grade in the Fall / School 現在班級/將升班級/學校:			

EMERGENCY INFORMATION (Please provide 2 emergency contacts) 緊急聯絡資料

Contact Person #1 聯絡人	Relation to child 與孩子的關係	Phone #/ Cell phone 手機電話	Work # 工作電話
Contact Person #2 聯絡人	Relation to child 與孩子的關係	Phone #/ Cell phone 手機電話	Work # 工作電話

Does your child have medical insurance? Yes (是) No (否)
你的孩子是否有醫藥保險?

If yes, please specify the name of the medical insurance carrier and your child's medical insurance number. 如你的孩子有任何醫藥保險, 請在以下填寫資料。

Insurance carrier name 保險公司 Insurance number 保險號碼

Please specify any types of food allergies and/or medications your child is taking:
請清楚列下你孩子是否對任何藥物或食物敏感

Parent Consent Form

家長/監護人同意書

I _____ hereby give permission for my son/daughter _____ to attend CYC: Summer Program at Bethal Grace Lutheran Ministries from Monday, June 13, 2011 until Friday, July 22, 2011. I also give permission for my son/ daughter to attend once a week fieldtrips off site as well. I understand that my son/daughter will be supervised by CYC staff onsite and offsite during fieldtrips or any outings. I will not hold CYC liable should any accidents, injuries or misfortunes occur. In the event of an injury, I, as the undersigned parent or legal guardian do hereby authorize the Community Youth Center—SF, as an agent for me, to consent to any medical treatment which may become necessary.

我 _____ 在此允許我的子/女 _____ 參加社區青年中心舉辦的暑期班。我明白我的子/女將會受到社區青年中心的職員看管。但如有任何意外或受傷事件發生，我將不會追究社區青年中心及其職員。若果我的子/女在活動期間受傷，我在此授權社區青年中心代表或轉介所必需的醫療服務。

家長/監護人簽名: _____
Parent/Legal Guardian Signature **Date**

I, the undersigned, **HEREBY CONSENT** to be photographed and **I AUTHORIZE** CYC, its employees, agents, or authorized representatives to use, reproduce, publish, transmit, distribute and display the said photograph(s), artwork, or my name in any CYC publication, multimedia production, film, video, CD-Rom, DVD, display, advertisement, website or other material for promotional or other business purposes. **I RELEASE** CYC, any of its associated/affiliated branches, programs, their directors, officers, agents, officers, directors, customers, and CYC's appoint advertising agencies, officers, directors, agents and employees, from all claims of any kind on account of such.

我在下面簽署以同意被拍攝及授權社區青年中心，它的僱員，代理人，或中心已授權之代表使用、複印、印刷、傳送、派發及展示所述照片/作品，或我的名字用於社區青年中心的印刷品上。大眾傳媒產品、電影、錄影帶、CD-ROM、DVD、展覽、廣告、網頁或其他宣傳物料上，或作其他行政用途。我豁免社區青年中心，任何其附屬分行活動計劃其主任、職員、代理人、顧客及中心委任的廣告機構的職員、主任、代理人及其僱員，所有因上述行為而引致的起訴。

家長/監護人簽名: _____
Parent/Legal Guardian Signature **Date**

If you have any questions, please contact Vicky Chung-Louie 鐘小姐 @ (415) 775-2636 x217
傳真 e-mail: vickyc@cycsf.org.