

BOYS CAMP REGISTRATION FORM (2019年活動營登記表格)

Camp Alumni Membership Program • 3138 Cabrillo St, San Francisco, CA 94121 • 415-387-2085 • info@campsf.org

CAMPER'S INFORMATION (參與者資料)		
Camper's Legal Name (first, MI, last) * 參與者合法姓名 (名, 中間名縮寫, 姓)	Date of Birth (mm/dd/yy) * 出生日期 (月/日/年)	# Year(s) at Camp (previous) 曾參加活動營多少年
Leader's Name from Previous Year (if returning) 上一年度活動營領隊姓名 (如今年再參加)		
Mailing Address, City, Zip, State * 郵寄地址, 城市, 州, 郵編	E-Mail Address 電子郵件	
	Home Phone # 住家電話 *	Cell Phone # 手機
	School Name (in fall) and Grade 學校 (秋季就讀) 和年級	
Age(s) of Sibling(s) (list) 兄弟姊妹年齡 (列出)	Name of Friend(s) Attending Camp with You (list) 和你一起參加活動營的朋友之姓名	Primary Language(s) (list) 主要語言 (列出)
PARENT'S/LEGAL GUARDIAN'S INFORMATION (家長/合法監護人資料)		
Parent's/Legal Guardian's Name (first, MI, last) * 家長/合法監護人姓名 (名, 中間名縮寫, 姓)	Home Phone # (if different) 住家電話 (如不同)	Work Phone # (or mobile) * 工作電話 (或手機)
	E-Mail Address 電子郵件	Relationship 關係 *
Emergency Contact (other than parent) * 緊急聯絡人 (家長以外)	Phone # 電話 *	Relationship 關係 *
HEALTH/MEDICAL INFORMATION (健康/醫療資料)		
Primary Health Care Provider 主要醫療服務者姓名 *	Phone # 電話 *	Phone # (alternate) 電話 (二)
Health Care Insurance 醫療保險公司 *	Health Care Insurance Policy # 醫療保險單號碼 # *	
Allergies (check appropriate) 過敏 (選擇適用者) <input type="checkbox"/> Hay Fever 花粉症 <input type="checkbox"/> Insect Bites 蟲咬 <input type="checkbox"/> Aspirin 阿士匹靈 <input type="checkbox"/> Penicillin 盤尼西林	Other Allergies (food, medicine, etc.) (list) 其他過敏 (食物, 醫藥等) (列出)	
Diseases and Date Contracted (mm/dd/yy) (check appropriate) 曾患以下病症和日期 (月/日/年) (選擇適用者) *		
<input type="checkbox"/> Chicken Pox 水痘	<input type="checkbox"/> German Measles 德國麻疹	<input type="checkbox"/> Measles 麻疹
<input type="checkbox"/> Mumps 腮腺炎	<input type="checkbox"/> Tuberculosis 肺結核	<input type="checkbox"/> Other(s)(Date) 其他 (日期)
Immunization History and Date Immunized (mm/dd/yy) (check appropriate) 防疫注射歷史和日期 (月/日/年) (選擇適用者) *		
<input type="checkbox"/> Tetanus/Diphtheria 破傷風/白喉	<input type="checkbox"/> Tetanus Booster 破傷風加強劑	<input type="checkbox"/> Hay Fever 花粉症
<input type="checkbox"/> Other(s)(Date) 其他 (日期)		
Please specify medication(s) you currently take 請註明你目前服用的藥物		Dosage 劑量
Please list other concerns which may limit your experience at camp 請列出可能限制你在活動營活動之其他顧慮		
SESSION (組別)		
(check one) (選一) *		
<input type="checkbox"/> Girls Camp 06/14/19 - 06/16/19 (deposit \$75) 女童營, 06/14/19 - 06/16/19 (連同 \$75)	<input checked="" type="checkbox"/> Boys Camp 08/03/19 - 08/11/19 (deposit \$150) 男童營, 08/03/19 - 08/11/19 (連同 \$150)	

FIELDS MARKED WITH AN ASTERISK (*) ARE REQUIRED FOR REGISTRATION PROCESSING 有星 (*) 欄目必須填寫

PARTICIPATION AGREEMENT

THIS DOCUMENT HAS IMPORTANT LEGAL CONSEQUENCES. BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. PLEASE READ CAREFULLY:

The Camp Alumni Membership Program (C.A.M.P.), a member of Friends of Non-Profit Agency Inc., provides an exceptional opportunity for learning, growth, and friendship, but not without certain risks, dangers, hazards and liabilities to all participants. These include, but are not limited to, personal injury, death, property damage, expense and other loss, delay or inconvenience, and session cancellation. All parents and legal guardians of participants must accept these and other risks as a condition for their child's participation in the Camp Program. C.A.M.P. will not accept any liability for injury, loss, expense or damage sustained as a result of any person's participation in the Camp Program. The participant and their parent or legal guardian will be required to sign this Participation Agreement, which will release C.A.M.P. and their representatives from any future claims as a result of the applicant's participation in the Camp Program.

RELEASE OF LIABILITY, WAIVER OF CLAIMS

In consideration of C.A.M.P. accepting my child's application for the Camp Program and allowing my child to participate in the Program, I hereby agree to the following:

- (1) TO WAIVE ANY AND ALL CLAIMS, whether in contract or in negligence, that I have or may in the future have against C.A.M.P., its directors, officers, volunteers and other representatives (all of whom hereinafter will be collectively referred to as 'the Releasees') because of my child's participation in the Camp Program;
- (2) TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my child's participation in the Camp Program, due to any cause whatsoever, INCLUDING BREACH OF CONTRACT OR NEGLIGENCE ON THE PART OF THE RELEASEES;
- (3) TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability, loss, damage, injury or expense to any third party, resulting from my child's participation in the Camp Program;
- (4) TO GRANT PERMISSION TO ANY MEDICAL PERSONNEL selected by the camp directors to order routine tests, secure proper treatment, which may include hospitalization, if necessary, for my child in the event of a medical or surgical emergency;
- (5) TO CONSENT TO THE USE OF ANY PICTURE OR LIKENESS of my child in connection with C.A.M.P.'s advertising, promotion, marketing, public relations, or any other purpose;
- (6) THAT THIS AGREEMENT shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

I hereby affirm the information on this registration form is accurate to the best of my knowledge and grant permission for the applicant, whose name appears below, to participate in the Camp Program. I confirm that I have read, understood and agree to all sections of the Participation Agreement as stated above, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators, assigns, and representatives may have against the Releasees.

Participant's Signature _____ Name (print clearly) _____ Date (mm/dd/yyyy) _____

Parent's/Legal Guardian's Signature _____ Name (print clearly) _____ Date (mm/dd/yyyy) _____

FOR REGISTRATION TO BE PROCESSED, THIS FORM MUST BE FILLED OUT COMPLETELY, SIGNED, DATED, AND ACCOMPANIED BY A NON-REFUNDABLE \$150 REGISTRATION FEE.
如須處理登記，必須填妥此表格，簽名，記上日期，連同\$150 登記費（恕不退還）於 06/26/2019 前交回。

TRANSLATION ONLY, NOT ACTUAL PARTICIPATION AGREEMENT

只是翻譯，不是參加協議

參與協議

此文件包括重要的法律後果。簽署此文件你將放棄某些法律權利，包括控告之權利。請小心口讀：

The Camp Alumni Membership Program (C.A.M.P.)是Friends of Non-Profit Agency, Inc.機構的一部份，在此合稱為C.A.M.P.，為所有參與者提供一個特殊的學習、成長、和培養友誼的機會，但對所有的參與者並非沒有某類風險、危險、意外、或責任。這包括但不限於個人受傷、死亡、財物損失、支出、和其他損失、延誤或不方便、或取消小組活動。所有參與者的家長和法定監護人必須接受這些和其他的風險，作為他們孩子參與活動營計劃的條件之一。C.A.M.P.不會因任何人士參與活動營計劃召致之受傷、損失、支出、或傷害而負責。參與者和他們的家長或合法的監護人需要簽署此協議，解除對C.A.M.P.和他們代表因申請者參與活動營計劃而導致之任何未來索賠。

解除責任和放棄索賠

為考慮C.A.M.P.接受我孩子參與活動營計劃並准我的孩子參加計劃，我謹此同意如下：

- (1) 放棄任何和所有的索賠，不論是合約訂定或疏忽，因我的孩子參與活動營而我持有或未來可能持有向C.A.M.P.，其附屬機構，代理，董事，幹事，義工或其他代表（以下統稱為「免除責任者」）要求索賠；
- (2) 解除向免除責任者因我孩子參與活動計劃，不論什麼原因，包括違約或對免除責任者之疏忽而導致我或我的近親有任何損失、損害、受傷或支出之任何和所有責任；
- (3) 解除免除責任者不會因我孩子參與活動營計劃導致任何第三者之任何和所有責任，損失，損害，受傷，或支出；
- (4) 准予活動營管理人在有醫療或手術緊急情況下，為我的孩子選擇任何醫療人士進行例行檢驗、適當治療，可包括如有需要入醫院留醫等；
- (5) 同意使用任何我孩子與C.A.M.P.有關之圖片或照片供廣告宣傳、推廣、行銷、公共關係、或任何其他目的用；
- (6) 此協議應予生效，如我去世，並對我的繼承人，近親，執行者，管理人和讓受人具約束力。

我謹此證明此登記表後面的資料據我所知準確，並准予申請者，其名字如下，參與活動營計劃。我確認我已口讀、明白、和同意參與者協議上述所有條款，而我知道簽署此協議，我現在放棄我或我的繼承人，近親，執行者，管理人和讓受人或代表可能追究免除責任者之某些法律權利。

Participant's Signature	Name (print clearly)	Date (mm/dd/yyyy)
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Parent's/Legal Guardian's Signature	Name (print clearly)	Date (mm/dd/yyyy)
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如須處理登記，必須填妥此表格，簽名，記上日期，連同\$150登記費（恕不退還）於 06/26/2019 前交回。

**WAIVER AND RELEASE OF LIABILITY, ASSUMPTION OF RISK AND PARENTAL
CONSENT AND INDEMNITY AGREEMENT (Minors Under Age 18)**

家長同意賠償及免責協議 (18歲以下未成年人)

In consideration of my minor child being permitted to participate in the **CAMPSF Archery & Riflery** activities:
我將授權CAMPSF, 允許我的未成年子女參加射箭和/射擊訓練活動：

I understand and agree that my child is qualified to participate in these activities (**Archery & Riflery**). I further acknowledge that I and the minor are aware that the activity will be conducted at a facility open to the public during the activity. I further agree and warrant and will instruct the Minor that if at any time the Minor believes conditions to be unsafe, he/she will immediately discontinue further participation in the Activity.

我明白並同意我的子女參加所有射箭/射擊訓練項目。我和我的子女都了解這項活動將會對公眾開放。我同意並確保向我的子女發出指引，在任何時候，當遇到認為不安全的環境，他/她將立即停止參與所有活動

I FULLY UNDERSTAND that a) Archery activities involve risks and dangers of **SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH**, b) these risks and dangers may be caused by the Minor's own actions, or inaction's, the actions or inaction's of others participating in the Activity, the conditions in which the activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW**: c) there may be other risks and social and economic losses either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS AND DAMAGES incurred as a result of the Minor's participation in this activity.

我知道：一) 射箭會涉及的危險和嚴重的人體傷害，不包括永久傷殘，癱瘓和死亡。二)

這些危機可能會由未成年人私自行動，不按照指示進行活動，或未經許可而參與其他活動所引起。免責如下：三)

對於其他未知的風險，以及個人和其經濟損失，我同意承擔這些風險和其它一切責任，費用和損失。

I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE AND AGREE TO INDEMNIFY AND SAME AND HOLD HARMLESS the Organizers (CAMPSF), Instructors, their respective administrators, directors, agents, officers, volunteers and employees, any sponsors, and Redwood Glen from all liability, claims, demands, losses or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the "Releasees" or otherwise, including negligent rescue operations and further agree that if, despite this release, I, the Minor, or anyone on the Minor's behalf makes a claim against any of the Releasees named above, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF SUCH CLAIM.

我將承諾不會起訴，同意賠償，和不追究主辦單位(CAMPSF)，導師，其他管理人員，董事，代理人，辦事人員，職員和志願者的責任。

任何贊助商，紅木峽谷營的所有責任，索賠，要求，損失或傷害，或其他由疏忽耽誤救援行動，我將對我的子女負上責任。保證不會追究任何訴訟費，律師費，損失的賠償責任，損害或費用。

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I AND THE MINOR HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY THE LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THAT THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

我已口讀並了解本協議，我和我的子女會放棄所以追究的權力，這是全面無條件地允許最大範圍的授權法律。並同意如若發現這份文件的任何部份不據法律效力，都應繼續其承諾。

Name of Minor Child (please print) 子女的名字 (正規書寫)

Signature of Parent or Legal Guardian
家長或合法監護人簽名

Signature of Witness
見證人簽名

Date
日期

Printed name of Parent or Legal Guardian
家長或合法監護人名字(正規書寫)

Printed Name of Witness
見證人名字(正規書寫)