

BOYS CAMP REGISTRATION FORM (2016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"/> Hepatitis 肝炎 <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"/> Boys Camp 07/31/16 - 08/07/16 女童營, 07/31/16 - 08/07/16		

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

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

In consideration of my minor child being permitted to participate in the CAMPSF Archery and Riflery activities:

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.

I FULLY UNDERSTAND that a) Archery and Riflery 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 inactions, the actions or inactions 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.

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, employees, any sponsors, Camp Oljato and any staff/management 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.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS 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.

Please CHECK:

Archery Only

Riflery Only

Both

Name of Minor Child (please print)

Date