

美東南區中文學校聯合會

二〇一二年青少年夏令營招生簡章

The Association of Chinese Schools in Southeastern United States (ACSSEUS)

5377 New Peachtree Rd., Chamblee, GA 30341

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Phone: 404-542-9866, 404-542-9266

- 主辦單位 美東南區中文學校聯合會
- 協辦單位 亞特蘭大中文學校
- 輔導單位 駐亞特蘭達台北經濟文化辦事處暨華僑文教服務中心
- 夏令營宗旨 提供在美華裔少年接觸中華文化之機會，培養團隊精神及獨立生活之能力。
- 夏令營日期 二零一二年七月八日（星期日）下午一時至三時報到，七月十四（星期六）午餐後離營。
- 營址 **Oxford College**, 100 Hamill St., Oxford, GA 30054
Phone: 770-784-8328 Website: <http://map.emory.edu/Oxford/>
- 活動內容 由中華民國僑委會選拔優秀、富有經驗及熱心的教師擔任教學及生活輔導。上午上課包括民俗體育、民俗藝術、民俗舞蹈；下午和晚間排有球類運動、游泳、才藝表演、短劇表演、團隊競賽和探險尋寶等各種精彩的活動。
- 學生資格 年齡在八至十七歲。
- 費用 在六月八日（含）前報名者優惠價\$390（以郵戳為憑）。在六月九日至六月二十五日間報名者\$415（以郵戳為憑）。費用包括在營七日六夜之餐飲及住宿。
- 押金 另收營地押金 \$50，在離營時通過退房檢查後退還。
- 報名日期 報名表、支票 2 張—營費及押金（抬頭請寫『ACSSEUS』）、Release Form 及近期之健康檢查表，請五項備齊於六月二十五日前一齊寄出（以郵戳為憑）。表格於 <http://blog.huayuworld.org/acsseus> 下載。六月二十五日報名截止。
- 退費 六月二十二日（含）以前取消報名者，在扣除五十元手續費後退還餘額；六月二十二日以後取消報名者，費用恕不退回。
- 報名地址 報名資料請寄至： Ms. C. J. Yang
c/o ACSSEUS / Youth Summer Camp
4640 Timberlane Dr.
Macon, GA 31210-3120
- 聯絡電話 如有問題請洽 404-542-9866, 404-542-9266 ; ACSSEUS@gmail.com

二〇一二年美東南區中文學校聯合會/亞特蘭大中文學校青少年夏令營報名表

學	中文姓名		英文姓名		
	性別		出生日期	年 月 日	
	出生地		英語學校年級		
	所屬中文學校名稱				
	中文程度	班級：○初級 ○中級 ○高級		讀完課本：	
		聽力：○不懂 ○尚可 ○很好		說話：○不會 ○尚可 ○很好	
	興趣方面	○繪畫 ○工藝 ○舞蹈 ○歌唱 ○樂器 ○功夫 ○游泳 ○壘球			
		○網球 ○足球 ○乒乓 ○其他，請列舉：			
	圈出曾參加夏令營次數： 1 2 3 4 5 6 7 8				
	學生 T-shirt 尺寸： <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L				
生	在健康及性格方面應特別注意事項：				
家	父親姓名		上班地點	手機：	
	母親姓名		上班地點	手機：	
	通訊地點	Email:	緊急聯繫	上班時	姓名： 電話：
				下班後	姓名： 電話：
長	我（們）的子弟志願參加美東南區中文學校聯合會/亞特蘭大中文學校青少年夏令營，在營期間恪遵營內一切規則，服從輔導人員輔導，有關在營內所發生之意外及疾病、保險，我們自行處理，毋須夏令營負責。唯於緊急情況發生，而我們無法及時趕到時，我們同意夏令營有權作緊急處理《包括送醫治療》，我們將負責一切所需費用，我們亦同意夏令營將不負任何法律責任。				
	家長簽名：_____		家長簽名：_____		
	簽名日期：_____		簽名日期：_____		
希望同室友姓名：_____		《夏令營保留最後決定權，室友並不保證符合要求》			
報名費用：		自由樂捐：		支票號碼：	
編號 _____		編隊 _____		寢室 _____	

2012 ACSSEUS Chinese Youth Summer Camp/Chinese School of Atlanta

Release and Covenant Not To Sue

(Please read carefully before signing)

STATE OF _____

COUNTY OF _____

FOR AND IN CONSIDERATION OF the **ASSOCIATION OF CHINESE SCHOOLS IN SOUTHEASTERN OF U. S.** and the **CHINESE SCHOOL OF ATLANTA**, and the faculty, staff, employees, officers, and agents of each member school, arranging, providing, teaching, and supervising the **2012 ACSSEUS CHINESE YOUTH SUMMER CAMP (CAMP)**, to be held at *Oxford College*, 100 Hamill St., Oxford, GA 30054, Phone: 770-784-8328, from **July 8th through July 14th, 2012**,

I HEREBY RELEASE AND COVENANT NOT TO SUE the **ASSOCIATION OF CHINESE SCHOOLS IN SOUTHEASTERN OF U.S.** and the **CHINESE SCHOOL OF ATLANTA**, its legal representatives or assigns, and all persons acting under its permission or authority, to specifically include, but not limited to, the faculty, staff, employees, officers, and agents of each member school, from all claims, demands, rights, and causes of action of whatever kind or nature, including, but not limited to, negligence, arising from and by reason of any and all, known and unknown, foreseen and unforeseen actions or occurrences, which are determined to be the cause or proximate cause of bodily and personal injuries, and the consequences thereof, including death; and damage to property, resulting from participation by the undersigned and/or my/our minor child/children in the CAMP above described, and in any way connected with the activities related to same;

AND FURTHER, this release and covenant not to sue also applies to travel incident to the attendance by me and/or any member of my family to include my/our minor child/children at the CAMP by whatever means of conveyance used, or authorized, whether by common carrier, personal vehicle, private vehicle owned by a third party, or vehicle owned or leased by **ASSOCIATION OF CHINESE SCHOOLS IN SOUTHEASTERN OF U.S.** and the **CHINESE SCHOOL OF ATLANTA**, or any member school.

I am aware, at the time of signing of this instrument, that a part of the schedule of activities to be included in the CAMP will include participation in sports and games that will or may require walking, running, jumping, swimming, or other activities that will result in physical exertion and contact with others. Dangers related to such activities may include, but are not limited to: hypothermia, broken bones, strains, sprains, bruises, drowning, concussion, heart attack, and heat exhaustion. For and on behalf of the minor child/children named below, I accept and assume all risks, hazards, and dangers involved in such activities in which he/she may participate, as well as those not specifically described.

I expressly agree that this Release and Covenant Not To Sue is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, and that if any portion hereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HEREBY CERTIFY THAT I am 18 years of age or older and suffering under no legal disabilities, and that I have read the above carefully before signing. This Release and Covenant Not To Sue applies to each of the undersigned adults, and the minor child/children of the undersigned named below. The undersigned certifies that he/she/they is/are the (parent(s) (legal guardian(s)) of the minor child/children named below.

Parent/Guardian Name: _____ (in English and Chinese)

Parent/Guardian Signature: _____ (in English and Chinese)

Name(s) of children: _____ (in English and Chinese)

Home Address

Home Phone

Cell Phone

Work Phone

IMMUNIZATION HISTORY:

Required immunization must be determined locally. This is a record of basic immunizations and most recent booster doses.

DPT Series _____ Booster _____ Tetanus Booster _____
Polio OPV (Saris) _____ Booster _____ Typhoid _____
Measles Vaccine (live) _____ Mantoux TB Test _____
German Measles (Rubella) _____ Mumps Vaccine (live) _____
Small Pox _____ Other _____

Other State or municipal examinations required for staff (if any) _____

MEDICAL EXAMINATION: To be filled out by licensed physician. This examination should be performed within 12 months of arrival at camp site. Examination is for determining fitness to engage in strenuous activities.

CODE: S – Satisfactory X – Not Satisfactory O – Not Examined

Hgt. _____ Wt. _____ B.P. _____ Hgb. Test _____ Uri analysis _____

Eyes _____ Hernia _____

Glasses _____ Extremities _____

Ears _____ Posture (Spine) _____

Nose _____ Skin _____

Throat _____ Allergy: please specify _____

Teeth _____ _____

Heart _____

Lungs _____ General Appraisal _____

Abdomen _____

(For girls and women)

Has this person menstruated? _____ If so, is her menstrual history normal? _____

Special Considerations? _____

Recommendations and restrictions while in camp:

Special Diet _____

Medication (Name) _____ is parent sending it? _____

Strenuous Activity _____

Other _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in camp activities, except as noted above.

Telephone: _____ M.D. _____
Examining Physician Printed Name of Physician

Address: _____

_____ Email: _____

Date: _____