

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

2012 Youth Summer Camp

5377 New Peachtree Rd., Chamblee, GA 30341

<http://blog.huayuworld.org/acsseus> Email: ACSSEUS@gmail.com

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

Registration Process

ACSSEUS Youth Summer Camp is organized by Association of Chinese Schools in the Southeastern United States (ACSSEUS).

The **objective** of the camp is to provide an opportunity and environment for youth to:

- Experience the Chinese culture
- Learn and enjoy the concept of team work
- Build leadership and self-confidence

Students ages 8 through 17 are all welcome to attend. There will be teachers traveling from Taiwan to teach PE, dance, and arts/crafts in the morning. In the afternoon and evenings, there are activities for the campers such as sports, swimming, talent shows, skits, team competitions, and scavenger hunts.

The 2012 summer camp will be held from **7/8 – 7/14/2012**.

- Check in:** July 8th, 2012 (Sunday), 1-3 pm
- Check out:** July 14th, 2012 (Saturday), after lunch

The **camp site** is located at the beautiful campus of Oxford College of Emory University, address and website are: **Oxford College of Emory University**, 100 Hamill Street, Oxford, Georgia 30054. Phone: 770-784-8328. Website: <http://map.emory.edu/Oxford/>

Registration fees and process:

Camp registration fee, includes room and board for 7 days and 6 nights

- \$390** per camper, if registered by June 8th
- \$415** per camper, if registered between June 9th and June 25th.

Facility Deposit \$50. This deposit will be refunded at the completion of the camp and is contingent upon the passing of the camper check-out process.

Complete registration packet is due by June 25th, 2012. Total 5 items: registration form, 2 checks – camp fee and facility deposit (payable to ACSSEUS), release form and current health form.

Please download all forms at <http://blog.huayuworld.org/acsseus>

Cancellation policy:

- If withdrawn by June 22nd, the registration fee is refundable after deducting a \$50 cancellation fee.
- If withdrawn on or after June 23rd, unfortunately there will be no refund.

Mail the registration packet to:

Ms. C. J. Yang
c/o ACSSEUS Youth Summer Camp
4640 Timberlane Dr.
Macon, GA 31210-3120

If you have any questions, please contact 404-542-9866, 404-542-9266; ACSSUES@gmail.com

**2012 ACSSEUS Youth Summer Camp / Chinese School of Atlanta
Registration Form**

STUDENT	Chinese Name:		English Name:		
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Birth Date (mm/dd/yyyy):			
	Birth Place:		Grade at (English) School:		
	Chinese School Name				
	Chinese Skills	Grade at Chinese School:			
		Comprehension : <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced			
	Conversation : <input type="checkbox"/> None <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced				
	Interests	<input type="radio"/> Arts <input type="radio"/> Crafts <input type="radio"/> Dance <input type="radio"/> Singing <input type="radio"/> Instruments <input type="radio"/> Martial Arts <input type="radio"/> Swimming <input type="radio"/> Softball			
		<input type="radio"/> Tennis <input type="radio"/> Soccer <input type="radio"/> Ping-Pong <input type="radio"/> Others , Please list :			
	Circle the number of times you have attended this camp : 1 2 3 4 5 6 7 8				
T-shirt size: <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L					
Please list any specific medical, dietary, allergic condition and/or personality that the camp should be aware of :					

PARENTS	Father's Name:		Office Location:		Cell Phone #:	
	Mother's Name:		Office Location:		Cell Phone #:	
	Mailing Address:			Emergency Contact		
				(Day) Name:		Phone:
				(Evening) Name:		Phone:
	Email:			Phone:		
	<p>I hereby consent for my child/student (name as indicated in the Student section) to participate in the ACSSEUS/Chinese School of Atlanta Youth Summer Camp and all related activities. In camp my child/student will follow all camp rules and the directions of camp teachers, supervisors, staff and counselors. I will be responsible for all the payments and arrangements of my child/student's incident, illness, and insurance during the participation in the camp. If any emergency medical procedures or treatments are required by the student during the camp, I consent to the camp supervisor(s) taking, arranging, and consenting to the procedures or treatments in his/her or their discretion. I will be responsible for all the payments related to the emergency medical procedures or treatments. I release, and waive, and further agree to indemnify, hold harmless or reimburse the ACSSEUS/Chinese School of Atlanta, its successors and assigns, its members, agents, employees, and representative thereof, as well as camp supervisors, teachers, staff, counselors, from and against any claim which I, any other parent or guardian, any sibling, the student, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, from any losses, damages or injuries arising out of, during or in connection with the student's participation in the camp or the rendering of emergency medical procedures or treatments, if any.</p>					
Parent/Guardian Signature: _____				Date: _____		

Preferred Roommate: _____ ** Assignment is at ACSSEUS's discretion. **

Registration Fee: _____ Donation: _____ Check No: _____

For Office use only

Student ID:	Team:	Room Number:
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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

2012 ACSSEUS Chinese Youth Summer Camp/Chinese School of Atlanta

HEALTH FORM

Return to: Ms. C. J. Yang, c/o ACSSEUS/Youth Summer Camp, 4640 Timberlane Dr., Macon, GA 31210

This form is to be completed by parent or guardian and the physician at the time of the examination.

Name: _____
Last First M.I.

BIRTH DATE: _____ SEX: _____ AGE: _____

PARENT OR GUARDIAN (OR SPOUSE): _____

HOME ADDRESS: _____
Street City State Zip

WORK PHONE: _____ CELL PHONE: _____ HOME PHONE: _____

IF NOT AVAILABLE IN AN EMERGENCY, NOTIFY:

1. NAME: _____ WORK PHONE: _____ CELL PHONE: _____
_____ HOME PHONE: _____
Street City State Zip

2. NAME: _____ WORK PHONE: _____ CELL PHONE: _____
_____ HOME PHONE: _____
Street City State Zip

HEALTH HISTORY: (Check, giving approximate dates)

Ear Infection _____	Hay Fever _____	Chickenpox _____
Rheumatic Fever _____	Poison Ivy _____	Measles _____
Convulsions _____	Insect Stings _____	German measles _____
Diabetes _____	Allergies (list) _____	Mumps _____
Asthma _____	Mononucleosis (mono) _____	Other _____

OPERATIONS OR SERIOUS INJURIES (DATES) _____

CHRONIC OR RECURRING ILLNESS _____

OTHER DISEASES OR DETAILS OF ABOVE _____

MEDICAL INSURANCE CARRIER _____ POLICY NO. _____

SPECIFIC ACTIVITIES TO BE ENCOURAGED? _____ RESTRICTED? _____

IMPORTANT: Please notify the **Chinese School of Atlanta** if the camper is exposed to any communicable disease during the three weeks prior to camp attendance.

SUGGESTIONS FROM PARENTS: _____

PARENTS AUTHORIZATION: I have reviewed this health history and confirmed that all the information is current and correct. The person herein described has permission to engage in all prescribed camp activities, except as noted by the examining physician and me. I have provided any medications that my children will need to take in the original container with written instructions on when they are to be dispensed. I give permission to the adult in charge of the activity to administer the medicine as needed. In the event I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician or his/her associate appointed by the **Chinese School of Atlanta**, to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above.

Signature: _____

Date: _____

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: _____