

2015 Summer Kids' Camp - "An Unsinkable Sailor"

REGISTRATION FORM

Saturday, August 29, 10am-3:30pm (lunch included)
 Parents invited to join us for a simple presentation at 3pm!

儿童夏令日营报名表

八月廿九日(周六) 上午十时至下午三时半
 欢迎家长于下午三时到来欣赏一个简单的表演

Registration Fee: \$5 per child (maximum \$10 per family)

报名费(包括午餐): 五元 (最高一家十元)



(If you are registering more than 2 children, please attach their information on a separate page)

1) Child's Name: _____

儿童姓名 First Last Preferred Nickname (if different)

Age 年龄: _____ Grade in School 班级(in Fall 2015): _____

Only if applicable (no prior arts experience is needed to attend camp):

Sings in a choir Has drama/theatre experience Takes dance lessons: _____

Plays an instrument: _____ Other arts background (please specify): _____

2) Child's Name: _____

儿童姓名 First Last Preferred Nickname (if different)

Age 年龄: _____ Grade in School 班级(in Fall 2015): _____

Only if applicable (no prior arts experience is needed to attend camp):

Sings in a choir Has drama/theatre experience Takes dance lessons: _____

Plays an instrument: _____ Other arts background (please specify): _____

3) Parent/Guardian's Name: _____

家长/监护人姓名 First Last

Address 地址: _____

Street Apartment # City Province Postal Code

Telephone 电话: _____ Email 电邮: _____

Emergency Contact for August 29 八月廿九日紧急联络人:

First & Last Name 姓名

Telephone 电话

Any health concerns or special needs for child/children 儿童健康问题或特别需要?

No 没有 Yes 有 (please specify 请注明): _____

LIABILITY RELEASE 免责条款

I agree to assume and accept all risks and hazards inherent in my child(ren) participating in the 2015 Kids' Camp (Camp). I also agree not to hold St. Matthias and St. Luke Anglican Church, or their employees or volunteer assistants liable for damages, losses, or injuries to my child(ren)'s person or property, and accept responsibility for medical charges in the case of illness or injury occurring while my child(ren) is(are) attending Camp.

MEDICAL RELEASE 就医授权

In the event that I cannot be reached in an emergency during Camp, I give my permission to the medical professionals selected by Camp leadership to secure proper medical treatment for my child(ren) as deemed necessary.

MEDIA RELEASE 传媒授权

I give my consent to all media (such as photographs, audiorecordings, videorecordings, etc.) taken of me or my child(ren) by Camp staff or their designees during Camp. I understand that any such media become the property of St. Matthias and St. Luke Anglican Church, and may be used by the parish, diocese, or others for educational, instructional, or promotional purposes in broadcast and media formats now existing or created in the future.

MAILING LIST CONSENT 邮寄许可

I consent to receive updates (such as email, postal mail, etc.) from St. Matthias & St. Luke Anglican Church concerning programs and activities of the church.

Note: we never share contact information with outside parties. If at any time you wish to stop receiving information from us, you can unsubscribe from our mailing list by contacting the church at info@stmstl.org or 680 W. 49th Ave., Vancouver, BC V5Z2S4

Print Name of Parent/Guardian 家长/监护人姓名: _____
First Last

Parent/Guardian Signature 家长/监护人签名: _____

Date 日期: _____

Please return this form to info@stmstl.org or St. Matthias & St. Luke Anglican Church,
680 West 49th Avenue, Vancouver, BC V5Z 2S4, attn: 2015 Camp.

Registration Fee is due the morning of camp (or earlier) – we accept cash or please make cheques payable to “St. Matthias & St. Luke Anglican Church” with “2015 camp” in memo.

报名表请电邮至 info@stmstl.org 或邮寄至 St. Matthias & St. Luke Anglican Church,
680 West 49th Avenue, Vancouver, BC V5Z 2S4, attn.: 2015 Camp.

报名费最迟于八月廿九日早上缴交 --可用现金或支票 [抬头请写 St. Matthias & St. Luke Anglican Church, 并在 memo 处注明 2015 camp]

St. Matthias & St. Luke Anglican Church

680 West 49th Avenue (Tisdall St. between Cambie & Oak) * info@stmstl.org * 604.321.7101 * www.stmstl.org