

Cooking Camp

April 14, 2018 at 9:30am to 12noon. For Pre-School to 6th Grade

Los Angeles Chinese Alliance Church • 羅省華人宣道會 320 Cypress Ave., Alhambra, CA 91801

Registration Form

One form for each child 每人一份 Please Register by April 12, 2018 截止日期: 2018年4月12日

Student Name 英文名: _____ Nickname 中文名 _____

Gender 性別: Boy 男 Girl 女 Birthday 出生日期: _____

Name of the school child attends 學校: _____ Grade Completed 級別(讀完) _____

Has this student accepted Jesus as their Savior? 信主? Yes 是 No 否

Parent/Guardian Name 家長/監護人: _____ Relationship 關係 _____

Cell Phone 電話: _____ Email 電郵 _____

Address 住址 (Street, City, Zip) : _____

Name of the church you attend 教會: _____

How did you hear about this event?

Through a friend 朋友介紹 Returning student 曾參加過聖經班 Website/ Facebook Other 其它(Specify 請注明): _____

Health Information 體康資料

Allergies (including medications/food child is allergic to) 敏感(包括醫藥及食物) No 沒有 Yes 有

If yes, please specify. 若有, 請註明 _____

Is your child taking any medication? 你的孩子正在用藥嗎? No 沒有 Yes 有

If yes, please specify. 若有, 請註明 _____

Name of Physician 醫生姓名 _____ Phone 電話 _____

Insurance Co. 保險公司 _____ Subscriber's No. 醫藥保險號碼 _____ Group No. _____

Person to contact in case of an emergency, if the parent(s) cannot be reached. 意外時, 聯絡

Name 姓名 and Relationship 關係 _____ Phone 電話 _____

Parent Medical, Liability and Media Release

The Church Staff makes every effort to protect all students but does not assume any liability for injury.

In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of the church to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at anytime, I authorize such care and treatment to be performed by any licensed physician or surgeon.

By checking here, I deny LACAC permission to use photographs/video taken of my child for editorial, advertising and promotional purposes for use in any print or electronic media.

勾選此方格表示我不同意羅省華人宣道會在任何印刷品或電子媒體上使用本人子女的相片/視訊作編輯, 宣傳和推廣之用。

I understand that I am signing for the minor listed on this form and the signature is for medical, liability and media release purposes. 本人明白, 代子女所簽署的條例和簽名是作為醫療、刑責和媒體授權之用途。

*English is the official language; Chinese is just a translation. 以上中文只供參考, 一切內容以英文版本為準。

Parent/Guardian Signature 家長/監護人簽名

Date 日期

Senior Pastor: Rev. Alan Chow • English Pastor: Mr. Keone Pang • Phone: (626) 300-9078 • www.lacac.org