

Agape Chinese Alliance Church 愛加勉華人宣道會

8971 Complex Dr. San Diego, CA 92123

VBS Director (Sally): 858-349-7571 VBS Co-Director (Carol): 573-202-0502

PARENTS REQUEST FOR STUDENT PARTICIPATION 學生參與申請表

REGISTRATION/PERMISSION/ CONSENT/RELEASE OF LIABILITY FORM 註冊/許可/同意/放棄賠償責任表格

Name of Activity 活動名稱: **VACATION BIBLE SCHOOL 暑期聖經班**

Date 日期: **July 14-16, 2017 Friday – Sunday WEEKEND PROGRAM**

***Friday 6:30-9:30pm (Dinner included) *Saturday 9:30am-3:30pm (Lunch included)**

***Sunday 10:30am-12:00pm (Closing Celebration & Awards)**

Fees 費用: **\$25.00/child (\$5. off for siblings) Registration Due 截止日期: Sunday, July 02**

I, the undersigned, request that my son/daughter be permitted to participate in the above activity.

本人(以下簽名的) 要求我的子女. 被允許參與以上活動

Participant 學生姓名* _____

Birth date 出生日期* _____ Age 年齡* _____ Grade Completed 讀完年級* _____

Parents/Guardian's Names 家長姓名* _____ Cell Phone 手機電話* _____

Home Address 住宅地址* _____ Email* _____

Medical Concerns 要注意的健康情況* (Explain 請註明:) _____ Non 沒有 _____

Food allergies 食物過敏* _____ Non 沒有 _____

Other Allergies 請列明過敏* _____ Non 沒有 _____

Medication Instruction 醫療指示* _____ Non 沒有 _____

Family Doctor 家庭醫生* _____ Doctor's Phone 醫生電話號碼* _____

Other Emergency Contact Person 緊急聯絡人* _____ Relationship to Student 與學生的關係* _____

Emergency Contact Person's Cell Phone Number 緊急聯絡人手機電話* _____

Others who may pick up the child 可接送子女的人* Name 姓名 _____ Cell Phone 手機電話* _____

Other Request(s) for Student: _____ Non 沒有 _____

Names of Siblings Attending This VBS 有兄弟姊妹參加暑期聖經班: 1. _____ 2. _____

3. _____ Church Affiliation 你在哪裡參加教堂 _____

Parents: It is necessary that the parents/guardians specifically request that their child be included in this activity. I hereby consent to let my child(ren) (named above) to participate in this program. Supervision for this event will be furnished by the church, but parents should understand that supervision will end at the time stated above. Agape Chinese Alliance Church and its staff and volunteers will take every precaution to assure the welfare and safety of your son/daughter participating in this activity. However, it is important that parents/guardians understand that the church and its staff and volunteers cannot assume financial or legal liability in case of injury or accident. I hereby consent to let my child (named above) to participate in the activity as named and dated above. I hereby release Agape Chinese Alliance Church and its staff and volunteers from and waive all claims for injury, accident, illness, death or property damage occurring during or by reason of above named activity and agree to indemnify and defend Agape Chinese Alliance Church and its staff and volunteers and hold it harmless from all claims and actions for damage or injury which any person may assert by reason of the conduct of above named participant while participating in the above named activity. I also understand that every effort will be made to contact me before giving my child medical treatment. In the case of an emergency, however, my signature below also authorizes any necessary medical treatment for my child if I cannot be reached. I hereby grant the VBS leaders permission to photograph/film the minor(s) designated above in any manner or form for any lawful purpose associated with this VBS program.

家長: 監護人需要明確要求子女被包括在此項活動內。學生指導將由教會提供, 但只限於上述時間以內。愛加勉華人宣道會、其職員和義工會盡力保證貴子女參與此項活動時的安全和福利, 但家長須明白如果發生意外或受傷, 教會、其職員和義工不能負擔任何財務或法律責任。本人同意我的子女(姓名上述)在上述日期參加上述的活動。活動期間如有意外、受傷、患病、死亡和財物損失, 本人同意放棄追究愛加勉華人宣道會、其職員和義工的責任。本人亦同意如果上述子女參與活動時引致損壞或受傷, 本人願意賠償和維護愛加勉華人宣道會、其職員和義工。本人明白在我的子女接受醫學治療前, 教會會用所有可行的方法通知本人, 但如果情況緊急又未能聯絡本人, 本人以下的簽名將授權我的子女接受任何必需的醫學治療。本人允許暑期聖經班的導師拍攝以上的子女用作與暑期聖經班有關的合法用途。

Print Name of Parent/Guardian 家長 / 監護人姓名 _____

Signature 簽名 _____

Date Signed 簽署日期 _____

***** Office Use 職員使用 *****

CK# 支票號碼 _____ \$ _____

Date Received 日期 _____

Cash 現金 \$ _____

Received/Verified by _____

Note: _____

Authorized by _____