

## 三谷基督教会堂 儿童暑期周五课余活动报名表

CCIC-TV Children Summer Friday Activities Registration Form

Activities Calendar : June 15 - Aug. 23

Date and Time: Friday, 8:00pm-9:45pm

Fee: \$50 (Cash or Pay to Cash)

Registration Requirement: At least one parent/Guardian attend home groups at CCIC-TV.

Age Requirements: 1st to 6th graders as of 09/2013



5064 Franklin Dr.

Pleasanton, CA 94588

Tel: (925) 467-1580

E-mail: children@ccictv.org

### Student Information

Last Name		First Name	
生日 Birthday (mm/dd/yy)		性别 Gender 男 M      女 F	年级 Grade as of 9/2013
家庭住址 Home Address (Street Address)		City	Zip
			家庭电话 Home Phone
Activity Class		Prior Experience? Please state:	
		class dates: 6/21, 6/28, 7/12, 7/19, 7/26, 8/9, 8/16, 8/23	

### 父母 / 监护人信息 Parent/Guardian

母亲姓名 Mother's Name		父亲姓名 Father's Name	
Email Address		Email Address	
是否基督徒 Christian 是 Yes      否 No	Cell Phone:	是否基督徒 Christian 是 Yes      否 No	Cell phone

如果不是父母亲, 请在这里填写姓名电话以及关系 If guardian, enter information here (name, cell & relationship)

(除父母外) 授权接送人 Persons (other than parents) authorized to pick up:

(除父母外) 紧急联系人 Emergency contact (other than parents) name and phone #:

### Terms and Conditions

- 1) I understand that my child/children may participate in physical activities in some classes. As with any physical activity, there is a risk of injury. I fully accept this risk and hold harmless from any legal liability, CCIC-TV and any persons involved in the activities.
- 2) In the event of an emergency that requires medical treatment for the above named child/children, I understand that every effort will be made to contact me or my emergency contact. However, if I/we cannot be reached, I give my permission to CCIC-TV staff, teachers and volunteers to secure the services of a licensed physician to provide the care necessary for my child's well being. I assume responsibility for all costs connected to any accident or treatment of my child.

I have read and agree to the terms and conditions stated above

Signature

Name

Date