



**(III) ACCOMPANYING MINOR - INFORMATION FORM 隨行未成年資料**

Please mark all applicable events:

- CAAA International Youth Abacus Summer Camp – China  
 2006 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition – Taiwan  
 2006 International Mental Arithmetic Invitational Competition -Taiwan

學生中文姓名 *if app.* Minor Name (First and Last) 出生日期 DOB (M/D/Y) 年齡 Age

身高 Height (ft./in.) 體重 Weight (lbs.) 眼睛顏色 Eye Color 髮色 Hair Color 性別 Gender: M / F

地址 Residential Street Address

城市 City California 州 State 郵遞區號 Zip Code 電話 Home Phone #

母親中文姓名 *if app.* Mother's name (First and Last) 父親中文姓名 *if app.* Father's name (First and last)

( ) 母親手機 Mother's Cellular ( ) 母親公司 Mother's Office ( ) 父親手機 Father's Cellular ( ) 父親公司 Father's Office

**Emergency Contacts & Information 緊急聯絡:**

食物及藥物過敏項目 Food and/or Medicinal allergies: \_\_\_\_\_

醫生姓名 Doctor's Name \_\_\_\_\_ ( ) 電話 Contact Number

1) \_\_\_\_\_ ( ) 姓名 Name 關係 Relationship 電話 Contact Number

2) \_\_\_\_\_ ( ) 姓名 Name 關係 Relationship 電話 Contact Number

*If your child will be traveling without accompanying adult family members and you have friends or family in the place of destination, please write in at least one such emergency contact; in addition, please alert the above contacts that they have been listed.*

其他備註 Other Notes : \_\_\_\_\_

**Required Documents\*\*:** (1) 保險卡正、反兩面影印本 Photocopy of both sides of health insurance card.  
**交回資料\*\*** (2) 相片一張 One headshot photo – 1.5" x 1.5"  
(3) 護照影印本 Photocopy of Passport Facing Page

**\*\*以上交回資料包含參加學生和隨行家屬 Submission of the above is required for students and all accompanying family members.**

同行家長姓名 **Accompanying Parent(s) Name(s):** \_\_\_\_\_

**\* WAIVER AND MEDICAL AUTHORIZATION FORM FOR MINORS\***

Minor's Name (First then Last) \_\_\_\_\_

中文名字 if app. \_\_\_\_\_

has my permission to participate in the Chinese American Abacus Association trip to Taiwan and/or the People's Republic of China taking place from August 5 through August 21, 2006, hereafter referred to as the "activity." I understand my child's participation may involve risk of serious injury or death, including losses which may result not only from my child's own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted. I understand that in attending this activity, unforeseen situations may arise, and I hold the Chinese American Abacus Association, its officers, teachers, staff, agents and other affiliated or related persons harmless from any and all liability or claims, particularly those for injury or losses, which may arise out of or in connection with my child's participation in this activity.

Knowing and understanding the risks involved with my child's participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with said participation. I agree I am financially responsible for any losses resulting from my child's actions and will indemnify the Chinese American Abacus Association, its officers, teachers, staff, agents and other affiliated or related persons for any loss or damage caused by my child during this activity.

I certify that my child is in good health and has no physical condition that would prevent participation in this activity. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

**I have read the above statements and fully understand the meaning and consequences of the foregoing waiver and medical authorization. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Chinese American Abacus Association and its related agents is knowingly given up in return for allowing my child's participation in the forenamed activity. In addition, I fully understand that participants are to abide by all rules and regulations governing conduct during the trip and that any violation of these rules and regulations may result in that individual being sent home at the parents'/guardians' expense.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

**\* REGARDING MEDICATIONS \***

- All medications **must** be registered on this form.
- All medications, excepting those which must be kept on the student's person for emergency use (i.e. asthma inhalers), must be kept and distributed by accompanying staff or chaperones.
- Check here if there are **NO** special problems that staff should be aware of & **NO** medications are required on the trip.
- **If any medications or drugs are to be taken by student, list them here:**

(1)

\_\_\_\_\_  
*Name of medication / Reason for Use*

\_\_\_\_\_  
*Instructions for Use (dosage, frequency, etc.)*

(2)

\_\_\_\_\_  
*Name of medication / Reason for Use*

\_\_\_\_\_  
*Instructions for Use (dosage, frequency, etc.)*

- Check here if accompanying parent/guardian assumes responsibility for this child's required medication and administration thereof.

Health Insurance Provider: \_\_\_\_\_ Policy & Group No.: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

*\*If more room is required, please attach another sheet of paper.*