



(I) STUDENT REGISTRATION & INFORMATION FORM 學生資料
2008 International Mental Arithmetic Competition – Taiwan

學生中文姓名 *if app.* Student 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

() _____ California _____
城市 City 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、綠卡、簽證影印本
(a) Photocopy of US Passport **OR**
Photocopy of Other Passport & Resident Alien Card;
(b) Photocopy of Travel Visa as Necessary

****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.**

任教老師 Teacher: _____ Abacus Level: _____ Mental Arithmetic: _____

同行家長姓名 Accompanying Parent(s) Name(s): _____

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

Minor's Name (First then Last) 學生中文名字 if app.

has my permission to participate in the Chinese American Abacus Association trip to:
trip to : 2008 International Mental Arithmetic Competition – Taiwan (August 17)

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** drugs are required on the trip.
- **If any medications or drugs are to be taken by student, list them here:**

(1)

Name of drug / Reason for Use

Instructions for Use (dosage, frequency, etc.)

(2)

Name of drug / 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.*