

**Chinese American Abacus Association**  
1363 Jacklin Road  
Milpitas, California 95035  
Tel/Fax: (408) 263-7966  
E-mail: caaa.us@gmail.com  
www.caaa-abacus.org



**(II) TEACHER/ADULT PARTICIPANT - INFORMATION FORM 老師及團員資料**

- 2010 International Mental Arithmetic Invitational Competition (Taiwan)  
 International Abacus Teacher's Seminar and Teaching Study Camp (CAAA member teacher only)  
 2010 International cultural exchange trip (Taiwan)  
 2010 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition (Taiwan)

中文姓名 *if applicable* \_\_\_\_\_ 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 \_\_\_\_\_ 州 State \_\_\_\_\_ 郵遞區號 Zip Code \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
電話 Home Phone # \_\_\_\_\_

配偶中文姓名 *if applicable* \_\_\_\_\_ Name of Spouse (First and Last) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
配偶手機 Spouse's Cellular \_\_\_\_\_ 配偶公司 Spouse'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 \_\_\_\_\_

*In case of emergency, we will notify your spouse (if applicable) per the information provided in the top section of this form. Please list separate emergency contacts above (i.e. close friend, other relatives, etc.). If you have friends or family in the place of destination, please write in at least one such emergency contact.*

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.**

學生姓名 Name(s) of Student: \_\_\_\_\_ 任教老師 Teacher: \_\_\_\_\_

其他同行子女姓名 Accompanying Children's Names: \_\_\_\_\_

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

\_\_\_\_\_  
*Name (First and Last)*

\_\_\_\_\_  
*中文姓名 if applicable*

I, the above-named participant, request voluntary participation for myself to participate in the Chinese American Abacus Association trip to :

- 2010 International Mental Arithmetic Invitational Competition (Taiwan)
- International Abacus Teacher's Seminar and Teaching Study Camp (Taiwan-CAAA member teacher only)
- 2010 International cultural exchange trip (Taiwan)
- 2010 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition (Taiwan)

here after referred to as the "activity". I understand that my participation may involve risk of serious injury or death, including losses which may result not only from my 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 participation in this activity.

Knowing and understanding the risks involved with my participation in the activity, I hereby voluntarily and willingly assume full responsibility for all risks and dangers associated with said participation. I agree I am financially responsible for any losses resulting from my 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 myself during this activity.

I certify that I am in good health and have 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 my participation/attendance 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 my being sent home at personal expense. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**• REGARDING MEDICATIONS \***

- All medications **must** be registered on this form. Please attach another sheet of paper if necessary.
- Adults are responsible for the care and use of their own medications.
- Check here if there are **NO** special problems that staff should be aware of & **NO** medications are required on the trip.
- **Please list any medications you will bringing on the trip:**

(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.)*

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

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