

CAAA 2015 International Abacus & Mental Arithmetic Invitational Competition

Taiwan Chamber of Commerce Abacus Promoting Committee (August 16, 2015, Taiwan)

(Application form 報名表)

CAAA would like to invite you and your child(ren) to join us in attending the TCOC International Abacus & Mental Arithmetic competition in Taiwan this year, which will enhance students' interest and help them learn more about the abacus.

Prerequisites: Students passing abacus and mental math grade-level 9 and above in CAAA assessment tests, *or* Students with CAAA teacher recommendation, and CAAA approval thereof.

For event details, please see

TCOC web: <http://www.abacus.org.tw/articles/1071#4> (Chinese)

How to Apply:

- Complete this application form, registration and information/waiver forms (please make a copy for your records.)
- Application fee information is on the application form. Application fees are non-refundable once accepted.
- **a.** Completed application form *and* copies of passport facing pages and insurance card(s).
- **b.** Scanned 2" x 2" headshot photo - email to caaa.us@gmail.com with subject line "2015 TCOC".
A check payable to CAAA for total applicable fees should be mailed to CAAA prior to Thursday, June 25.
- CAAA has the right to accept or reject applications at its discretion.
- If you have any questions about the application form, please contact your CAAA teacher, the CAAA office, or check our website at www.caaa-abacus.org for further information.

2015 TCOC International Abacus & Mental Arithmetic Invitational Competition (Taiwan)			
台灣省商業會珠算委員會			
August 16, 2015 New Taipei 新北市板橋區			
Rate	No. of applicants	Student Name(s)	Total \$
US\$50.00 for each student	Students _____	<u>Name</u> <u>T-Shirt Size</u>	

Check # _____ Date: _____ Total Amount: _____

Parent/Guardian Signature: _____ Teacher's Name _____

* Does not include round trip flight ticket from US to destination (往返費用自理)

** For inaccurate checks, overpayments will be refunded and shortages will require a supplemental payment (以上費用多退少補)

www.CAAA-abacus.org E-Mail: CAAA.us@gmail.com

408-263-7966

1363 Jacklin Rd. Milpitas CA 95035

Chinese American Abacus Association

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Milpitas, California 95035
Tel/Fax: (408) 263-7966
E-mail: caaa.us@gmail.com
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STUDENT REGISTRATION & INFORMATION FORM 學生資料

2015 TCOC International Mental Arithmetic Invitational Competition (Taiwan)

學生中文姓名 (if applicable) Student Name (Last, First) 出生日期 DOB (MM/DD/YYYY)
身⾼ Height (feet, inches) 體重 Weight (lbs.) 眼睛顏色 Eye Color 髮色 Hair Color 性別 Gender: M / F

Residential Street Address City State Zip Code
Email Address (Mother & Father) Home Phone #

母親中文姓名 (if applicable) Mother's name (Last, First) 父親中文姓名 (if applicable) Father's name (Last, First)
Mother's Cellular Mother's Work Father's Cellular Father's Work

Emergency Contacts & Information 緊急聯絡:

食物及藥物過敏項目 Food and/or drug allergies: _____

醫生姓名 Doctor's Name _____ () - _____
Contact Number

1) _____ () - _____
Emergency Contact's Name Relationship Contact Number

2) _____ () - _____
Emergency Contact's Name Relationship Contact Number

任教老師 Teacher: _____

Abacus Level: _____ Mental Arithmetic Level: _____

同行家長姓名 Name(s) of accompanying parent(s): _____

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

Minor's Name (Last, First)

學生中文名字 (if applicable)

has my permission to participate in the Chinese American Abacus Association trip to:

2015 TCOC International Mental Arithmetic Invitational Competition (Taiwan)

here after 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 listed on this form. Please attach another sheet of paper, if necessary.
- All medications, except those which must be kept on the student 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 are to be taken by the student, list them here:**

Name of Medication	Indication/Reason for Use	Administration Instructions (dosage, frequency, etc)

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

Health Insurance Provider: _____

Policy & Group No. _____

Address: _____

Phone #: (_____) _____ - _____