

# Chinese American Abacus Association

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www.caaa-abacus.org



## STUDENT REGISTRATION & INFORMATION FORM 學生資料

- 2019 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition (Ho Chi Minh City, Vietnam)
- 2019 World City Cup – International Cultural Exchange Trip (Vietnam)
- 2019 TCOC International Mental Arithmetic Invitational Competition (New Taipei City, Taiwan)

Student Name (Last, First) \_\_\_\_\_ 學生中文姓名 (if applicable) \_\_\_\_\_ DOB (MM/DD/YYYY) \_\_\_\_\_ Age \_\_\_\_\_

Height (feet, inches) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Gender: M / F \_\_\_\_\_

Residential Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mother's Cellular \_\_\_\_\_ Mother's email address \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Father's Cellular \_\_\_\_\_ Father's email address \_\_\_\_\_

### Emergency Contacts & Information:

Food and/or drug allergies: \_\_\_\_\_

Doctor's Name \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Number \_\_\_\_\_

1) \_\_\_\_\_ Emergency Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Contact Number \_\_\_\_\_

2) \_\_\_\_\_ Emergency Contact's Name \_\_\_\_\_ Relationship \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 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 inform the above contacts that they have been listed.*

其他備註 Other Notes : \_\_\_\_\_

### **Required Documents:**

- (1) Photocopy of both sides of health insurance card
- (2) One headshot 2" x 2" photo – (Scan & E-mail to CAAA [caaa.us@gmail.com](mailto:caaa.us@gmail.com))
- (3) Passport, Resident Alien Card, Travel Visa
  - (a) Photocopy of US Passport **OR** Photocopy of Other Passport & Resident Alien Card;
  - (b) Photocopy of Travel Visa as necessary

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

Teacher: \_\_\_\_\_ Abacus Level: \_\_\_\_\_ Mental Arithmetic Level: \_\_\_\_\_

Name(s) of accompanying parent(s): \_\_\_\_\_

Child Size: 6, 8, 10, 12, 14 / Adult Sizes: XS, S, M, L, xL, 2L, 3L, 4L  
T-Shirt Size (Circle one)

Yes / no  
Vegetarian

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

\_\_\_\_\_  
Student'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:

- 2019 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition (Ho Chi Minh City, Vietnam)
- 2019 World City Cup – International Cultural Exchange Trip (Vietnam)
- 2019 TCOC International Mental Arithmetic Invitational Competition (New Taipei City, 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 #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_