

# Multicultural Summer Camp Registration Form

For children of all cultures, age 5-12

June 6 – August 19, 2016, 8:00 a.m. to 6:00 p.m.

## Asian American Cultural Center Where East meets West

11713 Jollyville Road, Austin, Texas 78759

512-336-5069 voice/336-5075 fax

[www.asianamericancnc.com](http://www.asianamericancnc.com)

Name of Child: \_\_\_\_\_ Gender: M / F  
Name of School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work phone/other: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Emergency contact's name and phone number: \_\_\_\_\_

Person(s) authorized to Pickup (Except Parents):

Name: \_\_\_\_\_ Phone \_\_\_\_\_ TDL# \_\_\_\_\_

Name: \_\_\_\_\_ Phone \_\_\_\_\_ TDL# \_\_\_\_\_

Health History (please give approximate dates of occurrence):

Bleeding & clotting disorders \_\_\_\_\_

Allergies:

Chicken Pox \_\_\_\_\_

Asthma \_\_\_\_\_

Diabetes \_\_\_\_\_

Food \_\_\_\_\_

Epilepsy \_\_\_\_\_

Grass/tree \_\_\_\_\_

Heart Disease \_\_\_\_\_

Insect bites/stings \_\_\_\_\_

High Blood Pressure \_\_\_\_\_

Insecticide \_\_\_\_\_

Measles \_\_\_\_\_

Others \_\_\_\_\_

Mumps \_\_\_\_\_

Hospitalization \_\_\_\_\_ and reason(s) \_\_\_\_\_

Insurance information:

Child is insured by Parent/Guardian (full name: \_\_\_\_\_)

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Child's Doctor Name & Phone # \_\_\_\_\_

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Asian American Cultural Center  
Where East meets West

**Multicultural: East meets West Summer Camp:** language, culture, calligraphy, origami, paper cutting, martial arts, games, cooking, song & dance and theater.

**Tuition and Fees: \$280 per week (lunch & 2 snacks are provided)**

Please make checks payable to AACC.

Parent/Guardian Authorization:

- I understand that neither AACC nor its paid staff or volunteers can be held responsible in the event of accident(s) resulting in injuries or accidental death.
- I understand that class work made by my child and photos taken of my child may be used by AACC in its future publications.
- I authorize my child to view G-rated cartoons video or movies.
- I authorize my child to be transported in AACC arranged transportation.
- I authorize my child to take part in water activities.
- I acknowledge that AACC does not offer any medical insurance to protect against any form of risk leading to injuries, and has no responsibility for any medical expenses so incurred. I agree to assume such risks and such financial responsibility.
- I declare my child is in good physical condition and has my permission to participate in all activities arranged by AACC.
- I give permission to AACC to arrange for emergency/medical personnel to carry out any types of check-ups/test/treatments as professionally required by these personnel, in case my child has an accident or becomes sick, and I cannot be reached.
- I understand the AACC Summer Classes registration policies listed above.

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

\_\_\_\_\_  
Date

**Office use only:**

Check Amount \$ \_\_\_\_\_ (Check # \_\_\_\_\_)

Cash Amount \$ \_\_\_\_\_

Date Received: \_\_\_\_\_ Received by (AACC personal initials): \_\_\_\_\_