

二00八年大華府地區中文學校夏令營簡介

主辦：大華府地區中文學校聯誼會及中華民國僑務委員會聯合舉辦

宗旨：為在美華裔青少年提供傳統的中華文化訓練發展平衡的身心健康，培養良好的育樂習性增進華裔青少年彼此間之友誼與聯繫

日期：二00八年七月二十日（星期日）下午一時搭巴士出發，七月二十六日上午十一時返回僑教文化中心

營地：Frostburg State University, Frostburg, Maryland 21532-1099

課程內容：民族武舞蹈、民俗體育、美勞、國畫、戲劇、音樂、武術及各種球類活動等

報名資格：八至十七歲之青少年

名額：一百二十人

報名日期：即日起至四月三十日止 / 額滿為止

收費：包括七天六日的食宿費用，活動學費、材料費、Camp T-Shirt & Camp Book 及 Reunion 費用，以及包括接送至僑教文化中心車費

四月三十日前報名	\$499.00
五月一日至五月三十一日報名	\$540.00
六月一日後報名	\$580.00

退費：四月三十日以前取消報名者，在扣除五十元手續費後，餘款全部退回。四月三十日以後取消報名者，一概不退費。

報名地址：請先填妥報名單後，連同支票寄到：

Ms. Annie Ma 馬幼安 (703-757-2233)

9730 Middleton Ridge Road

Vienna, VA 22182 (Payable to WMACS)

報名查詢：請向各中文學校的校長或教務長索取報名表及查詢相關事宜，或與大華府地區中文學校聯誼會工作人員聯繫

二00八年大華府地區中文學校夏令營報名表

(請詳細並清晰地填寫)

學生姓名	中 文		英 文		學生最近照片 一 張 貼 此 一 張 附 寄 共 計 兩 張
性 別	男 () 女 ()	出生日期	年 月 日		
中文學校			年級		
美國學校			年級		
家長姓名	父親(中文)		(英文)		
	母親(中文)		(英文)		
住 址			電 話	住宅	
				公司	
Camp Shirt (Adult) Size: ()XXL ()XL ()L ()M					
報 名 費	\$499.00		附報名費及自由贊助 Please make check payable to "WMACS" Check# Date:		
自由贊助					
合 計					
家長簽名	日 期				
在營區內，我一定聽從所有輔導員的話，及遵守中文學校夏令營的一切管理規則					
學生簽名 [中英文]			日 期		
備 註	Email: (if available)				

二〇〇八年大華府地區中文學校夏令營簡介

Washington Metropolitan Association of Chinese Schools 2008 Summer Camp

Liability Release

I hereby, discharge, and agree to save harmless the Washington Metropolitan Association of Chinese Schools 2008 Summer Camp, its legal representatives or assigns, and all persons acting under its permission or authority, from any liability whatsoever for any claims of any nature which may arise out of my child(ren)'s attendance at the Culture Camp to be held at Frostburg State University, Frostburg, Maryland from July 20 through July 26, 2008.

Signed by: _____ Date: _____

Address: _____

Name(s) of my Child(ren):

1. _____

2. _____

3. _____

4. _____

二〇〇八年大華府地區中文學校夏令營學生醫療資料表

2008 Summer Camp Medical Information

Participant's name: _____ Age: _____

Date of Birth: _____ / _____ / _____ Height: _____ Weight: _____

Home Phone: () _____ Work Phone: () _____

In case of Emergency and your parent/guardian(s) are unavailable, we should contact:

Name: _____ Phone: () _____

Relationship to participant: _____

Family's Health Insurance Co. _____ Policy: _____

Doctor's Name : _____ Phone: () _____

Are there any special needs and/or disabilities of specific treatment the camper requires on a long term regular basis? (Please be specific):

Medication? (For medications to be administered at the camp, please fill out the Authorization for prescription medication).

Any physical limitation? _____

The Culture Camp assumes no liability for injury or damage arising from the results of participation. Due to the strenuous of some activities, the participant is urged to consult a physician concerning their fitness to participate. All activities present inherent risks and hazards, which their participant is urged to consider and which the participant assumes. I hereby give approval for my/my child's participation in this program and consent to emergency treatment. To the best of my knowledge, there are no physical or other conditions which will interfere with participant.

Parent/Guardian Signature

Date

Parent/Guardian Name (PRINT)