



CNY CHINESE CULTURE CENTER

999 Cumberland Ave • SYRACUSE, NY 13203 • (315) 634-9494 • <http://www.cnyccc.org/> • [info@cnyccc.org](mailto:info@cnyccc.org)

# CHINESE CULTURE CAMP REGISTRATION FORM

| Child's Information: |  |             |   |             |  |      |  |
|----------------------|--|-------------|---|-------------|--|------|--|
| Last Name:           |  | First Name: |   | MI:         |  |      |  |
| Nickname:            |  | Gender:     | <input type="checkbox"/> M <input type="checkbox"/> F | Birth Date: |  | Age: |  |
| Address:             |  | City:       |   | State:      |  | Zip: |  |
| Primary Phone #:     |  |             |   |             |  |      |  |
| School Attending:    |  | Grade:      |   |             |  |      |  |

| Parent(s)/Guardian(s) Information: |  |                   |  |               |  |      |  |
|------------------------------------|--|-------------------|--|---------------|--|------|--|
| Last Name:                         |  | First Name:       |  | Relationship: |  |      |  |
| Address:                           |  | City:             |  | State:        |  | Zip: |  |
| Home Phone #:                      |  | Work Phone #:     |  | Cell Phone #: |  |      |  |
| Place of Employment:               |  | Business Address: |  |               |  |      |  |
| Primary E-Mail:                    |  |                   |  |               |  |      |  |
| (To receive program updates)       |  |                   |  |               |  |      |  |

| Parent(s)/Guardian(s) Information:     |  |                   |  |               |  |      |  |
|--|--|-------------------|--|---------------|--|------|--|
| Last Name:                             |  | First Name:       |  | Relationship: |  |      |  |
| Address:                               |  | City:             |  | State:        |  | Zip: |  |
| Home Phone #:                          |  | Work Phone #:     |  | Cell Phone #: |  |      |  |
| Place of Employment:                   |  | Business Address: |  |               |  |      |  |
| Primary E-Mail:                        |  |                   |  |               |  |      |  |
| (To receive program updates)           |  |                   |  |               |  |      |  |
| Person or agency having legal custody: |  |                   |  |               |  |      |  |
| Address if different from above:       |  |                   |  |               |  |      |  |



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| <b>Emergency Contact Information:</b> (Must list 2 local contacts and other than Parent(s)/Guardian(s) listed above) |  |                    |  |  |               |  |  |      |  |
|--|--|--------------------|--|--|---------------|--|--|------|--|
| First Emergency Contact:   |  |                    |  |  | Relationship: |  |  |      |  |
| Home Phone #:  |  | Work Phone #:      |  |  | Company Name: |  |  |      |  |
| Cell Phone #:  |  | Alternate Phone #: |  |  |               |  |  |      |  |
| Address:   |  | City:              |  |  | State:        |  |  | Zip: |  |
| Second Emergency Contact:  |  |                    |  |  | Relationship: |  |  |      |  |
| Home Phone #:  |  | Work Phone #:      |  |  | Company Name: |  |  |      |  |
| Cell Phone #:  |  | Alternate Phone #: |  |  |               |  |  |      |  |
| Address:   |  | City:              |  |  | State:        |  |  | Zip: |  |
| Person(s) authorized to PICK-UP your child:  |  |                    |  |  | Relationship: |  |  |      |  |
| Person(s) authorized to PICK-UP your child:  |  |                    |  |  | Relationship: |  |  |      |  |
| Person(s) NOT authorized to PICK-UP your child:  |  |                    |  |  | Relationship: |  |  |      |  |
| Person(s) NOT authorized to PICK-UP your child:  |  |                    |  |  | Relationship: |  |  |      |  |

Please note: Appropriate paperwork; such as custody papers, must be attached if the custodial parent requests not to release the child to other parent.

| <b>Medical Information:</b>  |  |       |  |  |                              |  |                             |      |  |
|--|--|-------|--|--|------------------------------|--|-----------------------------|------|--|
| Allergies or intolerance to food, medication, or any other substance:                              |  |       |  |  |                              |  |                             |      |  |
| If an allergic reaction occurs, please list steps to relieve reaction:                             |  |       |  |  |                              |  |                             |      |  |
| Chronic physical problems, pertinent developmental information, any special accommodations needed: |  |       |  |  |                              |  |                             |      |  |
| Does your child take medications or vitamins on doctor's orders?                                   |  |       |  |  | <input type="checkbox"/> Yes |  | <input type="checkbox"/> No |      |  |
| Address:   |  | City: |  |  | State:                       |  |                             | Zip: |  |
| If yes, please specify:  |  |       |  |  |                              |  |                             |      |  |



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**Parental Agreements:**

1. The CNYCCC Chinese Culture Camp agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested by the CNYCCC Chinese Culture Camp
2. The parent/guardian agrees to inform CNYCCC Chinese Culture Camp within 24 hours or the next business day after his child or any members of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
3. The parent/guardian authorizes the application of sunscreen and/or insect repellent for his/her child by CNYCCC Chinese Culture Camp staff.
4. Cancellation Policy: If fees have been paid and cancellation is made two weeks before the start of camp session, the balance will be returned. If fees have been paid out but cancellation is made less than two weeks before the start of the camp session the balance will be returned less the deposit.

All information on this form is true and complete to the best of my knowledge. I understand and agree to the Emergency Medical Authorization and the three (3) Parental Agreements, and cancellation policy outlined above.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## Central New York Chinese Culture Center (CNYCCC) PARTICIPANT WAIVER FORM ACKNOWLEDGEMENT

I expressively acknowledge that there are certain dangers, risks, illnesses, and personal injuries inherent in participating in the CNYCCC's programs, events, classes, and/or other activities, which may result from unavoidable accidents or injuries, athletic activities, exercise, or other activities or from my or my minor child(ren)'s or ward(s)' physical condition. I understand that the CNYCCC and its employees, teachers, representatives, successors and assigns assume no responsibility for loss, damage, illness or injury to person or property that I or my minor child(ren) or ward(s), if applicable, may sustain as a result of my or their physical condition or resulting from my or their participation in any activities, programs, events, classes, the use or non-use of any equipment, exercise, field trips, classes, events, or programs at and/or sponsored by the CNYCCC. I expressly acknowledge, on behalf of myself and my minor child(ren) and ward(s), heirs and executors, that I voluntarily assume the sole risk for any and all dangers, illnesses and personal injuries that may result from my or my minor child(ren)'s or ward(s)' participation in any events/activities/programs/classes while at the CNYCCC and/or sponsored by the CNYCCC.

I also acknowledge that the CNYCCC often uses photographs, videotapes, television programs, motion pictures, tape recordings, or other similar media for promotional purposes. I hereby consent to the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in such materials to be exhibited and used for advertising, trade purposes, solicitation of patronage, promotional purposes, or other similar purposes, even if my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) are an integral part of such photograph, videotape, television program, motion picture, tape recording, or other similar media.

### RELEASE

In consideration of the CNYCCC allowing me and/or my minor child(ren) or ward(s) to attend and/or participate in any programs, events, classes, or other activities at the CNYCCC and/or sponsored by the CNYCCC, I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the CNYCCC and its employees, teachers, representatives, successors and assigns, from and against any and all rights and claims for any loss, damage, illness or injuries to person or property sustained as a result of my attendance and/or participation in any such programs, events, classes, and other activities, whether or not such loss, damage or injury results from the negligence of the CNYCCC and its employees, agents, or representatives or from some other cause. My agreement to release the CNYCCC does not include any loss, damage or injury that results from the CNYCCC's gross negligence or willful, wanton, or reckless misconduct.

I further waive any and all rights to inspect or approve the photograph, videotape, television program, motion picture, tape recording or other use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es), including any written article, script, caption or other writing that may accompany such use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es). I hereby, for myself, my minor child(ren) or ward(s), heirs, and executors, waive, release and forever discharge the CNYCCC and its employees, teachers, representatives, successors and assigns, from and against any and all liability, claims, losses, costs, expenses or damages for libel, slander, invasion of privacy, conversion, defamation, appropriation of likeness or any other claim based on the use of my and/or my minor child(ren)'s or ward(s)' name(s) and/or likeness(es) in any such materials.



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### INDEMNIFICATION

I hereby represent and warrant to the CNYCCC that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent, guardian and/or next friend, if applicable. In the event of any misrepresentation or breach of the foregoing warranty by me, or in the event that I, my minor child(ren) or ward(s), or any other person nevertheless asserts any claim against the CNYCCC arising out of my or my minor child(ren)'s or ward(s)' participation in any program, event, class or other activity as set forth herein, I agree to indemnify, hold harmless and defend the CNYCCC from and against any and all liability, claims, losses, costs, expenses or damages resulting therefrom, including, but not limited to, claims of loss, damage, illness or injury to person or property whether or not such loss, damage, illness or injury results from the negligence of the CNYCCC or from some other cause.

### ACCEPTANCE

I expressly acknowledge and agree to the terms and conditions set forth on this Participant Waiver Form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature of Participant(s) under the Age of 18

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name(s) and Age(s) of Participant(s) under the Age of 18, If Any