

2010年海外华裔青少年中国寻根之旅夏令营河南功夫营报名表 (7.24- 8.2.2010)

姓名(中文)	姓名(英文)	性别	出生年月	上衣号码M/L/XL/XXL	家庭医生 (Primary Physician)
					Name
护照号码 (国家)		国籍		宗教(可以空白)	Tele#
家长姓名	联系电话	E - Mail address			学生医疗保险公司info
					Name
					ID#
家庭电话(USA)	家庭地址(USA)				Tele#
					校长签字
Emergency Contact personal information - while in China					
Name	Relation ship	Phone Number			E-mail Address
Please list your current medication and indicate any allergies to food, drug, insect bites, etc.					
Camp Arrival Time & Flight					
Parent name(print):		Parent Signature:			Date:

- Note:** 1. Send one copy to school; And, student bring one to China - give to the group leader
 2. Parent(s) must sign, to authorize the camp organizer to seek the best treatment possible, in the event of emergency.