



Asia Pacific Summer Enrichment Camp REGISTRATION FORM

July 2nd - July 20th, 2018

Summer Camp Hours:

Monday - Friday. 9 am to 5 pm

Cost: \$200/week, \$40/day

LUNCH and 2 SNACKS ARE INCLUDED!



Asia Pacific Cultural Center

4851 South Tacoma Way, Tacoma, WA 98409
Phone: (253) 383-3900 Fax: (253) 292-1551

Summer Camp Registration:

Please circle one or more: Week 1 Week 2 Week 3

Child's Name _____ Age _____ Date of Birth _____ Male ___ Female ___

Address _____ City _____ Zip _____

Mother's/Guardian's Name _____ Mother's/Guardian's Cell Phone _____

Father's/Guardian's Name _____ Father's/Guardian's Cell Phone _____

Emergency Contact (other than parents/guardians) _____ Emergency Contact Phone _____

List all people (other than parents/guardians) authorized to pick up your child:

	Name	Address	Phone	Relationship to Child
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____

Child's Physician _____ Address _____ Phone _____

Medical Insurance Company _____

Child's allergies, medications or other health issues: _____

Parent/guardian permission/medical consent:

Parents/guardians of all participants are requested to sign the following release. I/we assume all risks and hazards incidental to participation in the Asia Pacific Culture Summer Camp, including transportation to and from activities, and do hereby waive, release, absolve, indemnify and agree to hold harmless Asia Pacific Cultural Center, its supervisors, administrators, leaders, and volunteers for any claim arising from injury to myself or my/our child. Furthermore, in case of an emergency, and my child should require medical attention, I give permission for APCC staff to secure the emergency medical attention required. I agree that pictures taken during program hours may be used for future promotional purposes. Any direction to the contrary should be noted on this form and signed.

Signature of Parent or Guardian _____ Date _____

Amount Enclosed \$ _____ Make check payable to "Asia Pacific Cultural Center".
 Visa _____ MC _____ Expiration Date _____

Name as it appears on card _____ Signature _____

Staff Initials _____ Date Received: _____