**Footsteps ESL USA Camp Registration**

**班級：　　　　　　中文姓名： \*請附護照影本、台胞證影本(如從上海出發)及生活照一張**

Student’s Surname英文姓(請用英文拼音) (as it appears on Passport同護照):

Student’s First Name 英文名(請用英文拼音) (as it appears on Passport同護照):

Student’s English Name 英文名字(如: John, Jennifer):

Parent’s Name家長名字(請用英文拼音):

Address地址:

Home Phone家裡電話:

Work Phone公司電話:

Cell Phone手機:

Student’s Email學生電子信箱:

Parent’s Email家長電子信箱:

Birth Date生日 (day日/month月/year西元年)

Age年齡:

Grade 年級:

Gender性別: Male男 / Female女

Citizenship國籍:

Passport Number中華民國護照號碼:

台胞證號碼:

Does your student have a sibling on this trip有兄弟姊妹同行嗎: □Yes有 / □ No沒有

Sibling Name有同行的兄弟姊妹名字:

Emergency Contact有關緊急聯絡人:

Name姓名(請用英文拼音):

Phone電話:

Relationship to Student與學生關系:

Local Emergency Contact Person (if you have one)美國當地緊急聯絡人(如果你有的話):

Name名字(請用英文拼音):

Phone電話:

Position工作:

English Skills緊急聯絡人英語程度: □basic基礎/ □ intermediate中等/ □ advanced流利

Is your student’s English listening and speaking level學生英文程度: Fluent流利 / Good佳 / Average普通

Is your student’s English reading and writing level: Fluent流利 / Good佳 / Average普通

**Health Information健康狀況**

List any health problems/activity restrictions如有健康問題請提出:

List any medication or food allergies有無對於哪些食物或藥品過敏(如有請列出):

List any allergic reactions有無任何過敏反應(如有請列出):

List any regular medications有無任何應按時服用知藥品(如有請列出):

Can we give your student any Ibuprofen, Tylenol, Benadryl, Sudafed, Robitussin PM, Cough Drops, and Pepto Bismol美國帶隊老師可以給學生服用退燒或止痛藥嗎(如普拿疼)? Yes可 / No不可

 These are the only medications we stock. Please attach a note if you answered “no” or have concerns.

**Medical Insurance Information 有關醫療保險資訊(如果有保的話):**

Insurance Company 保險公司名稱 Policy 第幾條有含旅遊醫療險#

Phone 連絡電話(台灣、美國、中國皆可)#

Student’s **Tshirt size T恤尺寸:** Youth M (10-12) / Youth L (14-16) / Adult S / Adult M / Adult L / Adult XL

**Footsteps and Partner’s Release Form家長同意書:**

The undersigned parent or legal guardian has accurately filled in all the above information. The undersigned by signing this document releases, waives, and covenants not to bring any action against Footsteps, Cottonwood Union School District, and Footstep’s partners, its agents, servants, employees, and volunteers from all liability that results in loss or damage to person or property or resulting death. The undersigned is aware of the risks and hereby elects to participate voluntarily and assume all risks of loss, damage or injury. The undersigned acknowledges that all the information given above is accurate and complete, and releases Footsteps and Footstep’s partners to make emergency medical decisions to be treated by a trained professional.

**Parent/Legal Guardian Signature 家長(法定代理人)簽字**:  **Date日期:**