

# Chinese Language School of Greater Hartford

## Counselor of 2009 Youth Summer Camp APPLICATION

Name (in English) \_\_\_\_\_ (in Chinese) \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Entering grade in CLS \_\_\_\_\_ Graduate year from CLS \_\_\_\_\_

Parent 1 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Guardian 1) Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
(Guardian 2) Work Phone \_\_\_\_\_

Email \_\_\_\_\_

CLS will order lunches and a T-shirt for counselors. Please check appropriate boxes.

T-shirt for student	S M L XL( circle one size)	1	free
Chinese Lunch Box	Check one: Yes ( ) No ( )	5	free

Please mail the completed application form to:

Jung Jung Su  
208 Holcomb Street  
Simsbury, CT 06070

Deadline: April 26, 2009 by postmark.

I volunteer to be a counselor on the following days:

M \_\_\_\_\_ Tues. \_\_\_\_\_ W \_\_\_\_\_ Thu. \_\_\_\_\_ Fri: \_\_\_\_\_  
7/6 7/7 7/8 7/9 7/10

In case of emergency, give names of persons who can be called and are authorized to pick you up if we cannot reach either parent.

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Telephone \_\_\_\_\_

# Chinese Language School of Greater Hartford

## Health Form and Waiver

---

Counselor's Name (in English) \_\_\_\_\_ (in Chinese) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_

Medication \_\_\_\_\_

(Please include a physician's note if the medication is necessary during the camp)

Allergies \_\_\_\_\_

In case of serious accident or illness and in case I cannot be reached, I authorize the camp coordinator or his/her designee to provide appropriate emergency care. I hereby waive and release the directors, workers and teachers of the Chinese Language School of Greater Hartford Youth Summer Camp from any and all claims, damages, costs, actions and causes of action as the result of personal injuries sustained by my child as the result of his/her participation in any and all activities in the Chinese Language School of Greater Hartford Youth Summer Camp for the year 2009. In addition I certify that my child is covered by a health insurance plan.

Signature \_\_\_\_\_ Date \_\_\_\_\_