

South West Calgary Alliance Church 西南卡城宣道會  
Vacation & Recreation Camp (English)

“HIP HIP HURRAY! PARADE.”

英語暑期活動營

**\*For children of Grade 1 to 6 ( September 2010)**

Time : Monday to Friday, 9 am - 4 pm  
時間: 星期一至五, 上午九時至下午四時

Date : August 16 - 20, 2010  
日期: 二零一零年八月十六日 至二十日

Place 地點: Ambrose University College, 150 Ambrose Circle SW, Calgary

Enquiry : Pastor Josef Chu (Phone# 403 – 608 – 1684)  
查詢: 朱仁倡 傳道 (電話: 403 – 608 – 1684)

Fee : \$120 per child (material included)  
費用: 120 元 (包括材料)

Limited to **40** participants on a first-come first-serve basis.  
名額四十名(先報先得)

Registration deadline : Tuesday, August 3, 2010  
截止報名日期: 二零一零年八月三日額滿即止

Please write your cheque payable to “South West Calgary Alliance Church” or “SWCAC”  
and if by mail, please complete the registration form and with cheque mail to **P.O. Box  
75146, Westhills RPO, Calgary AB T3H 3M1**

如用支票附費, 抬頭請註明“South West Calgary Alliance Church” or “SWCAC”.  
如用郵寄, 請寄往 **P.O. Box 75146, Westhills RPO, Calgary AB T3H 3M1**

*Please retain this page for your own reference. 請保留此頁作參考。*

South West Calgary Alliance Church 西南卡城宣道會

Date :  
Cash / Chq#  
Amount :

**Child Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ 中文名字 \_\_\_\_\_  
Birthday: (dd/mm/yy) : \_\_\_\_\_ Grade in Sept 2010: \_\_\_\_\_  
Sex : \_\_\_\_\_ The child attends church on regular basis:  YES, (Name of Church) \_\_\_\_\_  NO  
Mother tongue at home:  English  Cantonese  Mandarin

**Parent(s)/Guardian Information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_  
First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  Mother  Father  Other \_\_\_\_\_  
Address : \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone (Home): \_\_\_\_\_ E-mail : \_\_\_\_\_

**\* For children of Grade 1 to 6 ( September 2010)**

**Waiver Form**

Alberta Health Care No. \_\_\_\_\_ Allergy: \_\_\_\_\_

**FOR SEVERE ALLERGY CONDITION, PLEASE BRING SYRINGE TO THE CLASS & NOTIFY CLASS TEACHER.**

Medical Conditions: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C)

I, \_\_\_\_\_, (Name of Parent(s) / Guardian) acknowledge that it is my responsibility to advise the Church (SWCAC) of any medical or health concerns of my child, \_\_\_\_\_ (Name of Child) which may affect his/ her participation in the stated program or activity.

I also consent that the Church (SWCAC) may secure such medical advise and services as those individuals, in their sole discretion, may deem necessary for my child's health and safety, and that I shall be financially responsible for advice and services.

I also consent that Ambrose University College, the Church (SWCAC) & its executives are NOT liable for any personal loss, damage or injury.

Date: \_\_\_\_\_ Name: \_\_\_\_\_ Signature: \_\_\_\_\_