

2010 FCBC Family Camp Registration 第一華人浸信會成年暨家庭夏令營註冊表

Camper 營友姓名	Gender/性別 男M/F女	Language/語言 E only/E&C/C only 英文/英中/中文	Relationship 關係	Age, if minor 兒童的年齡	Need bus 需要巴士	Room Type Std / Dlx 普通房/豪華房	Fee 費用
1. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____	<input type="checkbox"/>	<input type="radio"/> <input type="radio"/>	_____
2. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____			_____
3. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____			_____
4. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____			_____
5. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____			_____
6. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____			_____
7. _____	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/> <input type="radio"/>	_____	_____			_____

Rates 價格:

	Std. 普通房	Dlx** 豪華房
Adult (early-bird) 預早報名	\$145	\$190

Adult (regular) 普通報名	\$160	\$205
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Children and childcare workers attend free!

兒童及托兒服務同工營費全免!

** Deluxe housing includes towels and linens.

豪華房備有毛巾及床單。

Daytime Phone 日間電話: _____

Cell Phone 手提電話: _____

E-Mail Address 電郵: _____

Notes/Requests 要求: _____

Part-Time Campers 半時間營友:

Expected Arrival 預定到達 Date 日期: _____ Time 時間: _____

Expected Departure 預定離營 Date 日期: _____ Time 時間: _____

Camp Staff Use 同工專用:

Date	Amount Paid	Balance	Initial
_____	_____	_____	_____
_____	_____	_____	_____

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Health Insurance Co. 醫療保險公司: _____

Policy No. 醫療保險號碼: _____

營友 Camper #1 營友 Camper #2 營友 Camper #3 營友 Camper #4 營友 Camper #5 營友 Camper #6 營友 Camper #7

Name of Camper 營友姓名 _____

Age 年齡 _____

Have you had any of the following 你有沒有以下的狀況?

	有Y/N 沒有	有Y/N 沒有	有Y/N 沒有	有Y/N 沒有	有Y/N 沒有	有Y/N 沒有	有Y/N 沒有
Recent illness 最近患病	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
High blood pressure 高血壓	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Heart trouble 心臟病	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Upset stomach 胃病	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Frequent/severe headaches 經常/嚴重頭痛	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Ear, nose, or throat trouble 耳鼻喉問題	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Dizziness or fainting spells 頭暈	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Shortness of breath 氣促	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Asthma 哮喘	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Frequent colds 傷風	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Diabetes 糖尿病	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

List allergies and/or allergic reactions
列出敏感症或任何令你產生敏感之事物
Please identify family member
請註明家庭成員

List all medications taken
列出你現時服食之藥物
Please identify family member
請註明家庭成員

Should it be necessary for my child or me to have medical treatment while at camp, I hereby give the person in charge permission to act on our behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve said church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment.

當我我的兒女在夏令會期間，如需要醫藥治療，我同意並批准貴教會在醫生的診斷，採取適當步驟送入醫院或接受治療。本人不會向教會追究任何責任。

Signature 簽名: _____

Date 日期: _____