



2017 瘋一夏馬戲體驗營

1. WHEN AND FEES

7/24 ~ 7/29 2017, 9:00AM – 4:30PM \$550.00 (6 days including lunch)

2. CAMPER AND PRIMARY CONTACT INFORMATION

Name of Student: _____ Chinese Name : : _____
Date of Birth: _____ mm/dd/year Age (at the time of Camp): _____
Name you prefer to be called (if different): _____
Name of School: _____ Grade: _____
Name of Parent/Guardian/Primary Contact: _____
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Email: _____
Best way to contact you? (Circle one) Home Phone Cell Phone Email
Does camper know any Chinese? _____ q Prefer not to say
Medical Conditions and/or Allergies _____

3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)

First Contact's Name: _____ (Chinese Name) _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____
Second Contact's Name: _____ Relationship: _____
Home Phone: _____ - _____ - _____ Work/Cell Phone: _____ - _____ - _____ ext _____

4. HEALTH INSURANCE PROVIDER

Child's Insurance Provider: _____ Subscriber's Name: _____
Doctor's Name: _____ Phone: _____ - _____ - _____ ext _____
Dentist's Name: _____ Phone: _____ - _____ - _____ ext _____

5. RELEASE AND CONSENT FOR MEDICAL TREATMENT

I, the Parent or Legal Guardian of the registrant, a minor, recognizing the possibility of physical injury associated with acrobatic and in consideration for Acrobatic Circus Fun Summer Camp accepting registrant for its programs and activities. I hereby release, discharge and/or otherwise indemnify Acrobatic Circus Fun Summer Camp, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities, utilized for the Acrobatic Circus Fun Summer Camp, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Acrobatic Circus Fun Summer Camp and/or being transported to or from the same, which transportation I hereby authorize.

Name: _____ Signature: _____ Date: _____

6. CONSENT FOR MEDICAL TREATMENT

As Parent or Legal Guardian of the registrant, I hereby give my consent for emergency medical care prescribed by a duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Name: _____ Signature: _____ Date: _____



Application Deadline and Priority

Application dates : *March 1st, ~ June 15th, 2017*

(sign in before March 31th , you can get 5% off discount)

Application Process

1. Paper application will open on March 1st at Facebook : NECCS
2. Paper application form can be downloaded from Facebook : NECCS
3. Write a separate check for each camper and include the camper's name. Make check payable to **NECCS** and mail to the address on the application form. Full payment by check is required to complete the application. Your check will be deposited when the application is accepted.
4. Accepted camper is required to submit Health Form A, Health Form B (or Health provider's standard form with immunization record dated within 1 year of camp week) by June 15th.
5. Final camp information will be mailed to accepted campers a week before camp start.

Mail all forms and check payable to: NECCS

Mail address : 2 Regina Drive. Chelmsford, MA 01824