

# Wing Summer Camp Registration Form

451 Los Coches St, Milpitas, CA 95035

(408) 909-4640

wingeducation.com

Student #1 Name:			Gender: M / F			Birthday:     /     /					
School:						Grade in Fall:					
Student #2 Name:			Gender: M / F			Birthday:     /     /					
School:						Grade in Fall:					
Home Address:											
Mother Name:			Cell:			Email:					
Father Name:			Cell:			Email:					
Emergency Contact:			Cell:			Relationship:					
Pediatrician:			Cell:			Allergy/Special Condition:					
<b>Wing Summer Camp (please circle week, day and session):</b>											
6/1-6/5 M T W Th F			6/8-6/12 M T W Th F			6/15-6/19 M T W Th F			6/22-6/26 M T W Th F		
Full Day	AM	PM	Full Day	AM	PM	Full Day	AM	PM	Full Day	AM	PM
6/29-7/2 (7/3 Holiday) M T W Th			7/6-7/10 M T W Th F			7/13-7/17 M T W Th F			7/20-7/24 M T W Th F		
Full Day	AM	PM	Full Day	AM	PM	Full Day	AM	PM	Full Day	AM	PM
7/27-7/31 M T W Th F			8/3-8/7 M T W Th F			8/10-8/14 M T W Th F			8/17-8/21 & 8/24-8/28 M T W Th F		
Full Day	AM	PM	Full Day	AM	PM	Full Day	AM	PM	Full Day	AM	PM
<b><u>Optional Programs:</u></b>											
MPM Math			Group Piano			Abacus					
Fine Art Drawing			Small Group Kungfu			Ukelele					

1. For new students, please pay \$50 registration fee/per person and \$30 book fee/per person. Registration fee is not refundable.
2. For existing Wing after-school students, please pay \$30 book fee/per person.

**Signature of the Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please read the following statement carefully and sign below.**

**Liability Release:**

I, the undersigned, is the parent having legal custody, or the legal guardian of the student(s) named in this registration form, and have given my consent for him/her/them to attend Wing Summer Camp (hereafter the "Camp") being organized by Wing Education Center. I understand that there are inherent risks involved in any event, and I hereby release Wing Educare, Inc., its staff, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's/children's involvement with the Camp. In the event that he/she/they is/are injured while attending the Camp and require(s) the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required which a physician and/or hospital personal refuses to administer without my consent, I hereby authorize persons of the Camp to give consent for me, and I agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent so long as the treatment is administered by or under the supervision of a licensed physician. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider.

**Camp Rules:**

**It is prohibited to running around on the campus during school hours. Any injuries and damages caused by violations of this rule will be responsible by the parents/guardian of the violator student.**

I will require my child/children to comply with the following Camp Rules and understand I will be responsible for any injuries and damages caused by my child/children violating of those rules. Comply with general moral standards and rules of public and private schools in the USA. This includes but not limited to the following: (A) Do not take or damage Camp's properties; Do not write on the desk, wall, floor; (B) Do not run around on the campus; Do not fight or quarrel with others in the Camp; (C) Respect teachers and other Camp staff; (C) Do not toss garbage in the Camp; Clean any dirty stuff immediately if it occurs;

**Camp Authorities:**

I give permission for my child/children to participate in all activities of summer camps. I give my permission for my child's/children's photograph/video tape and/or name(s) to be used for school related activities.

**I have read and fully understood the meaning and consequences of the above information. I agree to sign this as an agreement.**

**Signature of the Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_