

DATES OF PROGRAM:
 Week 1: July 9 - 13, 2018
 Week 2: July 16 - 20, 2018



REGISTRATION:
 Early registration ends
 May 4, 2018

For children ages 5-14. All applications must be submitted by June 8th. A \$75 late fee will apply if received after May 4th. Fees include T-shirt, lunch, morning and afternoon snacks, field trip, and materials. Please notify us of any concerns with your child (i.e. allergies, medications, etc.)

CHILD'S NAME (PLEASE PRINT)	DATE OF BIRTH	GRADE (AS OF SEPT. 2018)	T-SHIRT SIZE (YS, YM, YL, AS, AM)	FOOD ALLERGIES

REGISTRANT INFO:

Father/Guardian name: _____ Mother/Guardian name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

****EMERGENCY CONTACT (if different from above)**

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Grades K - 5

REGISTRATION FEES		SUBTOTAL
Week 1 or 2: Early Registration	\$200	
Week 1 or 2: Sibling Discount	\$180	
Week 1 or 2: Late Registration (After May 4 th)	\$275	
Week 1 & 2: Early Registration	\$370	
Week 1 & 2: Sibling Discount	\$330	
Extra Camp Chibikko T-shirt	\$10	

TOTAL DUE: _____

Parent/Guardian Signature: _____ Date: _____

SPACE IS LIMITED. ALL FEES WILL BE NON-REFUNDABLE AFTER JUNE 8th.

Please contact the ESGVJCC Office at (626) 960-2566 or campchibikko@esgvjcc.org for any questions.

OFFICE USE ONLY: RECEIVED DATE _____ FORM OF PAYMENT _____ AMT. RECEIVED _____

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REGISTRANT INFO:

Father/Guardian name: _____ Mother/Guardian name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

****EMERGENCY CONTACT (if different from above)**

NAME: _____ RELATIONSHIP: _____ PHONE: _____

Grades 6 - 8

REGISTRATION FEES		SUBTOTAL
Week 1 or 2: Early Registration	\$175	
Week 1 or 2: Sibling Discount	\$150	
Week 1 or 2: Late Registration (After May 4 th)	\$250	
Week 1 & 2: Early Registration	\$320	
Week 1 & 2: Sibling Discount	\$300	
Extra Camp Chibikko T-shirt	\$10	

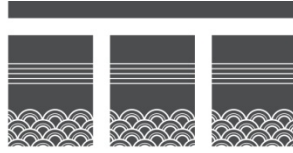
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EAST SAN GABRIEL VALLEY
JAPANESE COMMUNITY CENTER **ESGVJCC**

Student Name: _____ **DOB:** _____

Initial _____ **Authorization to Consent to Treatment of a Minor**

The undersigned parents of _____, a minor, authorize the ESGVJCC - Camp Chibikko, as agents to consent to any x-ray, anesthetic, medical or surgical diagnosis for treatment and hospital care deemed advisable and rendered by any licensed physician or surgeon, whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower the agents to give consent for such treatment, as the physician may deem advisable. (Section 25.8 of the Civil Code of California)

This authorization shall remain effective during the participation of the above named student.

Initial _____ **Minor Photo Release**

I give the ESGVJCC Camp Chibikko permission to publish in print, electronic, or video format the likeness of image(s) of my child. I release all claims against Camp Chibikko with respect to copyright ownership and publication including any claim related to use of the materials.

Initial _____ **Waiver & Release**

In consideration of my child(ren) being permitted to take part in all the Camp Chibikko's activities, whether public or private, of the East San Gabriel Valley Japanese Community Center (ESGVJCC) - Camp Chibikko and or on said Center premises or any other place in the course of said Camp's activities, I do hereby expressly waive and release any and all rights which I or my child(ren) may have to maintain my claim or demand whatsoever against the said Center and Camp, its officers, member teachers, employees or against any other person other than the undersigned or which might ensure as a result of my or my child(ren) being on said Camp Premises or otherwise my or my child(ren)'s participation in any of said Camp activities. This waiver and release shall remain effective during the enrollment of my child(ren) at ESGVJCC - Camp Chibikko.

Signature of Parent: _____ **Date:** _____

Name of Parent (PLEASE PRINT): _____



EAST SAN GABRIEL VALLEY
JAPANESE COMMUNITY CENTER **ESGVJCC**

Field Trip Form

Section I: Basic Trip Information

Week 1:

Date	Wednesday, July 11, 2018	Thursday, July 12, 2018
Trip Destination	Little Tokyo, Los Angeles	TBD*
Estimated time of departure	10:00 AM	12:30 PM
Estimated time of return	4:30 PM	4:30 PM
Mode of Transportation	School bus	School bus

*Local park in San Dimas, Glendora, or Azusa. To be confirmed at later date.

Week 2:

Date	Tuesday, July 17, 2018
Trip Destination	Little Tokyo, Los Angeles
Estimated time of departure	10:00 AM
Estimated time of return	4:30 PM
Mode of Transportation	School bus

Section II: Permission for Minors

**Minors only: if you (the participant) are 18 or older, please skip to Section III*

Parent Participation Confirmation

As parent(s) and/or legal guardian(s), I/we remain legally responsible for any personal actions taken by the below named minor(s).

Authorization to treat minor:

I hereby certify the following information to be true

_____	Son/daughter (circle one)	_____
Full name of Minor		Date of Birth
_____	Son/daughter (circle one)	_____
Full name of Minor		Date of Birth
_____	Son/daughter (circle one)	_____
Full name of Minor		Date of Birth

Section III: Statement and Confirmation

And I do hereby certify that to the best of my knowledge and belief said minor(s) is/are in good health. In the event that I, or other parent/guardian, cannot be reached in an emergency, I hereby give permission to the staff/volunteer to secure proper treatment for my child/children. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

I, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the East San Gabriel Valley Japanese Community Center and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor's participation in the above noted event.

Parent/Guardian Signature

Date

Parent/Guardian Name Print

I can be reached on the day of the field trip at the following phone #: _____