

2010 第二十六屆美南地區華裔青少年夏令營簡介

時間： 2010 年 7 月 18 日(星期日)至 7 月 24 日(星期六)計七天六夜

地點： Mcneese State University , Lake Charles, Louisiana 70609

位於 Houston 東邊 155 miles 左右，單程約 2 小時 33 分鐘車程

(如從僑教中心出發)

資格： 1.八歲以上(必須於 04/30/10 滿八歲者)

2.以現就讀中文學校聯誼會會員之中文學校者優先

3.經休士頓中文學校聯誼會選核後通知錄取者

報名時間： 1.休士頓地區至僑教中心報名 - #111 展覽室

5 月 8 日(星期六)上午 10:00 至下午 3:30 和 5 月 9 日(星期日)上午

10:00 至下午 1:00 額滿為止

2.休士頓以外地區可於 5 月 21 日前通訊報名，地址如下

Chinese Youth Camp (支票抬頭)

c/o Chinese Culture Center

10303 Westoffice Drive, Box no. 62

Houston, Texas 77042

名額： 學員總計 220 名，額滿為止，逾期或資料不全，概不受理

營區費用： 每人\$500.00，包括一片營中生活照 DVD，制服(T 襪)二件

(請在支票上註明就讀的中文學校及學生姓名)

保證金： 每人\$100.00 (請在支票上註明就讀的中文學校及學生姓名)

交通車費： 須交通工具者，7月18日去程巴士費用\$30.00.

支票抬頭： CHINESE YOUTH CAMP (營區費用、保證金、去程車資, 需分開 支
付)

限用 Money Order 或私人支票 (遭退票者取消報名資格)

支票上請註明學生的中英文姓名及在學的中文學校

退費： 有特殊事故要求退費時,必須以書面申請,6/7/10前可退全費, 6/8/10-
6/22/10 僅退半費, 6/22/10 以後恕不退費 (所有退營手續費\$30)

健康保險： 參加夏令營需交健康保險證明及健康表格，資料不全概不受理

夏令營課程：1.中華文化簡介(包括民俗文化藝術、舞蹈、美勞、民俗體育及功夫等等)
2.團體活動(包括體育、電影欣賞及交誼舞會等)

輔導老師： 聘請專業教師教導各項專門課程，各班有導師及正副輔導員照顧起
居，營區有各組工作人員維持秩序、安全及整潔

諮詢電話： 文化中心中文學校
中華文化學院

周乃溟校長 (713) 271-6100 ext 163 or 122
王美華校長 713-517-7712

2010 第二十六屆美南地區華裔青少年夏令營

註冊：五月八日(星期六)上午 10:00 至下午 3:30 和五月九日(星期日)上午 10:00 至 1:00 於僑教中心辦理註冊,下列各項證件及表格必須齊備，不全則原件退回。因補交而有所耽誤，主辦單位概不負責。

前往報名或郵寄前，請仔細核對：

1. 報名表
2. Health Insurance 資料影印本
3. Medical Release Form
4. Activity Permission Slip
5. Personal Health Certificate
6. (a)營區費用\$500.00

(b) 保證金\$100.00 (學員遵守營規，保持營區宿舍整潔者，結營後保證金支票作廢，退回給家若違規者，保證金被扣留)

(c) 休士頓地區去程交通費\$30.00 (欲搭交通車者)

各項費用須以 MONEY ORDER 或私人支票支付，遭退票者，除負責支付銀行退票罰款外,亦須支付夏令營行政處理費\$30.00，同時取消報名資格。

營區費用，保證金，去程車費，分三張支票支付。

(請在支票上註明就讀的中文學校及學生姓名)

7. 出生證明影印本 (或任何有學員姓名、出生年月日之證件皆可)

8. 營區規則 CAMP RULES (中文及英文版各一，學員及父母皆須簽名)

2010 年美南地區華裔青少年夏令營報名表
Chinese Youth Camp

請注意: 務必將此報名表格填寫完整, 否則將不接受報名。 年齡: 04/30/10 必需滿八歲, 出示證件, 方可報名. 若有違規者, 本營有權要求貴子弟退營, 恕不退費.	Office Use Only Student Number: _____ Class: _____ Room: _____
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一 般 資 料 G E N E R A L I N F O R M A T I O N	學生中文姓名: _____	年齡(Age): _____	性別(Sex): M F	
	English Name _____	出生日期: _____ Month Day Year		
	參加過美南夏令營幾年? 0 1 2 3 4 5 6 7 8 9 10			
	2010~2011 就讀美國學校年級: 4 5 6 7 8 9 10 11 12 大學			
	通訊處(Address): _____			
	家長中文姓名: _____	電話(H) _____	(M) _____	
	English Name: _____	(O) _____		
	Emergency Contact Person 中文姓名: _____	電話(H) _____	(M) _____	
	English Name: _____	(O) _____		
	>>>>> 本營以電腦作業, 按學生年齡分班和宿舍, 學員不可自行選擇室友 <<<<<<			
交通: () 家長自行開車送去營地. () 家長自行開車至營地接回學員 () 願付\$30.00-搭乘本營去程專車.				
現就讀中文學校名稱(中文): _____				
制服尺寸: () 特大 () 大 () 中 () 小 (Adult Size Only) XL L M S				
H 保 健 資 料 T H	醫療保險 Health Insurance: _____			
	保險卡號碼 Insurance Policy Number: _____			
	(過敏): 對何種藥物: _____ Allergy 對何種食物: _____			
	How is student' s health condition? (身體狀況需要任何特殊照顧者, 無法接受報名.)			
其他: a) 如以上資料有不實者, 本營有權退件或退營, 恕不退費. b) 有特殊事故要求退費時, 必須以書面申請, 6/7/10 前可退全費, 6/8/10~6/22/10 僅退半費. 6/22/10 以後恕不退費. (所有退營手續費\$30.)				
申請人之家長(或監護人)簽名: _____ Parent/Guardian Signature: _____ Date: _____		申請人簽名 Student Signature: _____ Date: _____		
中文學校校長簽名: _____ Chinese School Principal Signature: _____ Date: _____				
繳費記錄: a) 營區費用\$500.- b) 保證金\$100.- c) 本營去程專車\$30.-				
支票號碼: _____				

2010 Texas Chinese Youth Camp Rules

General Rules

- No camper can be admitted to the camp if he or she is ill. Camp fee is fully refundable with doctor's written document.
- Follow McNeese State University, campus policies.
- Follow instructions given by camp staff. In case of emergency, report to staff immediately.
- Be prompt and present at all scheduled camp activities.
- Stay within camp site or assigned places. Absolutely no leaving from camp without written consent of the camp staff.
- Wear camp provided T-shirt at all times. No alteration or marking to T-shirt is allowed.
- Camper will be dismissed if he or she disrupts the order or endangers the safety of the camp, and the parents will be responsible for picking him or her up. The American school which the camper attends will be notified in writing.
- Smoking, consumption of alcoholic beverages, and drug are strictly prohibited.
- Absolutely no gambling, fighting, or carrying of dangerous object (such as fireworks, firearms and knives) is allowed.
- All trash has to be disposed properly.
- No gum chewing is allowed at this camp and no slipper is allowed except in the dormitory.

Physical Statement

- All students participating in the Chinese Youth Camp must specify and disclose existing medical conditions in the CYC Personal Health Certificate upon enrollment.
- Prescriptions required during summer camp should be provided to summer camp medical personnel in a clear plastic container with detailed instructions on distribution.

Dormitory Rules

- Keep room and facilities clean and tidy. Camp staff will conduct daily inspection. Warning will be issued for violations.
- Curfew is strictly observed. Room check will be conducted by staff after curfew.
- No visitation by camper of the opposite sex is permitted.
- Absolutely no room switching. Be considerate. Do not make noise. No Cellular Phones after curfew.

Classroom Rules

- Maintain order. Follow teacher's instructions. Do not wear hat in classroom.
- Keep classroom clean. Do not create noise in the hallways.
- Absolutely no walkmans, discmans, cellular phones, pages, or electronic games permitted in classrooms.

Dining Hall Rules

- Stay in line to get food. Be courteous and helpful to younger campers.
- Only take what you can eat and eat what you take.
- Keep dining hall absolutely clean.

Check-out Rules

- Parents will be responsible for picking up their camper who becomes ill, or is injured, or has problem adjusting to group life, or violates camp rules and is dismissed by the camp authorities. The \$100.00 deposit will not be refunded if the camper is not picked up by the parents.
- Except for the above conditions, no early dismissal is allowed. All campers are required to attend the closing ceremony.
- Camper may check out only upon presenting checkout slip, authorized by camp staff member at his/her dormitory exit door.
- Parents will be liable for any damages caused by their camper.

By signing below, I, the camper, and my parents agree to the rules above. I agree to obey them fully.

Signed by camper: _____ Chinese Name: _____ Date: _____

Signed by Parent: _____ Chinese Name: _____ Date: _____

美南華裔青少年夏令營營規

一般規則

- 報到當天身體狀況不適者，不可入營，經醫生證明，可退全費。
- 遵守 McNeese State University, 校園規則。
- 聽從工作人員指導。
- 如有緊急狀況，速報工作人員。
- 準時參加營區各項活動。
- 僅在營區內或指定地區活動，絕對禁止外出。
- 穿著夏令營 T 恤，不可隨意修改或塗畫。
- 凡破壞秩序、危害營區安全者，除立即通知家長退營外，將正式書面通知就讀美國學校。
- 禁止抽煙、飲酒或吸用藥物。
- 禁止賭博、打架或攜帶危險物品。(如鞭炮、槍械或小刀)
- 所有垃圾需要適當處理。
- 營區內禁嚼口香糖。
- 除宿舍外，禁穿拖鞋。

保健規則

- 填寫報名健康證明時必須據實填寫學員的體格缺點和疾病。
- 住營期間學員如需服用任何藥物，務必將藥品放在透明塑膠袋或容器中，同時附帶書面詳細服用程序，由家長或法定監護人遞交駐營醫護人員。

宿舍規則

- 保持房間及設備乾淨整齊，工作人員將每日檢查，對違反規定者，將于通知警告。

- 宵禁將嚴格執行，每晚成人工作人員將逐間查房。
- 禁止異性至房間拜訪。
- 禁止隨便與人更換房間。
- 宿舍裡，請保持安靜。

教室規則

- 保持秩序，聽從老師指導。在課室內必須脫帽。
- 保持教室整潔，走廊上禁止喧嘩。
- 上課期間，禁止使用手機、對講機及電動玩具...等。

餐廳規則

- 排隊取食，要禮讓及幫忙幼小者,取己所需，勿浪費食物。
- 保持餐廳整潔。
- 非用餐時間，勿自行飲用飲料。

結營規則

- 於下列情形下，本營有權通知父母負責接走學員，概不退費: (1)生病(2)受傷(3)無法適應團體生活(4)違反營規。如父母不接走學員，本營有權保留\$100 保證金。
- 除以上情形外，所有學員均須參加結業典禮，不可提前離營。
- 學員必須在宿舍大門處出示離營批准，方可離營。
- 父母對子女所破壞物品須負責賠償

我及我的父母同意以上各項營規，我願全部遵行，簽署同意於下

學員簽名

日期

學員父母簽名

日期

2010 Texas Chinese Youth Camp Personal Health Certificate

Student's Name _____ Sex: M F Age: _____
 Parent's Name _____ Date of Birth: _____
Month Day Year
 Address: _____
 Telephone: _____ Emergency Phone: _____
 Family Physician _____ Physician Phone: _____
 American School _____ Grade of 2009~10 School Year: _____

(Yes or No) To be completed by parent or guardian:

Does student have previous history of:

- | | |
|--|--|
| <input type="checkbox"/> Bleeding tendencies
<input type="checkbox"/> Head injuries, seizures, unconsciousness, concussion, or convulsions
<input type="checkbox"/> Asthma
<input type="checkbox"/> Hernia
<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Tuberculosis
<input type="checkbox"/> Sick cell anemia
<input type="checkbox"/> Kidney disease and/or injury
<input type="checkbox"/> Kidney, lung, testicle, or eye removed, or non-functioning
<input type="checkbox"/> Hepatitis
<input type="checkbox"/> Rheumatic fever
<input type="checkbox"/> Skin disease
<input type="checkbox"/> Contact lens/glasses
<input type="checkbox"/> Is student taking medication regularly?
If yes, please specify name of drugs or illness requiring such drugs: _____ | <input type="checkbox"/> Now under a physician's care?
Name of Physician _____
<input type="checkbox"/> has had tetanus? (booster required every 10 yrs.) Date: _____
<input type="checkbox"/> Allergy
<input type="checkbox"/> Neck injury
<input type="checkbox"/> Bone and/or joint injury or disease
<input type="checkbox"/> Heart disease
<input type="checkbox"/> Diabetes
<input type="checkbox"/> Emotion (Psychological) Disturbance
<input type="checkbox"/> Had a surgical operation
<input type="checkbox"/> Allergic to medication
Explain any yes answer: _____
_____ |
|--|--|

To be completed by physician:

Height: _____ Weight: _____ Blood Pressure: _____ Vision: _____ Hearing: _____

		<u>Normal</u>	<u>Abnormal</u>			<u>Normal</u>	<u>Abnormal</u>
Skin		___	___	Joint Function		___	___
Eyes		___	___	Neck		___	___
Ears		___	___	Shoulders		___	___
Nose		___	___	Elbows		___	___
Mouth		___	___	Wrists		___	___
Throat		___	___	Knees		___	___
Neck		___	___	Hands		___	___
Lungs		___	___	Hips		___	___
Heart		___	___	Dental		___	___
Abdomen		___	___	Cavities		___	___
Spine		___	___	Bridges		___	___
Extremities		___	___	False Teeth		___	___
Genitalia		___	___				
Ankles		___	___	Others		_____	_____

I certify that on this date I have examined the above student as indicated by items checked and recommend him/her as being physically able to participate in supervised athletic activities as checked below.

- All sports (Drill Teams, Cheerleading, Golf, Tennis, Swimming, Football, Basketball, Track and Field, Volleyball, Baseball, Soccer and so forth).
 Sports other than (list exception): _____
 May not participate in any athletic activity.

Date: _____ Signature of Examining Physician: _____

2010 Texas Chinese Youth Camp

Medical Release Form

This is to certify that I grant permission for my dependent child, (Chinese name) _____ (English name) _____, to receive medical treatment by university physicians, while attending Texas Chinese Youth Camp at McNeese State University, Lake Charles, Louisiana

I further authorize treatment at local hospital by physicians at those facilities, should such treatment required. I understand that I will be responsible for any and all medical charges or fees.

Signed: _____ Date: _____ Phone: () _____

Address: _____

My medical insurance company: _____

My medical policy number is: _____

(Please attach a copy of the medical insurance form)

Activity Release Form

_____ has my permission to participate in the 2010 Texas Chinese Youth Camp at McNeese State University, Lake Charles, Louisiana

_____ has my permission to participate in all water activities in the 2010 Texas Chinese Youth Camp at McNeese State University, Lake Charles, Louisiana.

The undersigned as legal guardian of the student do hereby grant authorities to the staff of the Texas Chinese Youth Camp to render a judgment concerning medical assistance in the event of an accident in my absence. I do not hold the Texas Chinese Youth Camp, its teacher, staff, and school responsible for any and all injuries occurred during the activities including the transportation, provided by the Texas Chinese Youth Camp, and also signify by the signature below.

Signed: _____ Date: _____

2010 Texas Chinese Youth Camp

Waiver/Medical Release Form

I(Parent's name), _____ agree that _____

(Child' name)may participate in the Texas Chinese Youth Camp sponsored by
McNeese State University, Lake Charles, Louisiana. In consideration of
participation in the event,

I agree, on behalf of the above named child, his/her heirs and representative to fully and
forever release, discharge, indemnify and hold harmless McNeese State University,
its agent, servants and employees from any and all claims, demands, rights of action of
causes, present or future, whether the same be known, anticipated or unanticipated,
resulting from or arising out of participation in the event.

I hereby authorize in the advance any necessary medical treatment required by the above
named child in attendance of this camp. I also acknowledge that I have/will notify the
camp personnel of any special medical needs or information required by the above named
child.

Also, I understand that all rules and regulations for the camp/event will be enforced and
any violation by my child will result in a collect call to me with a possible request to
come pick up my child with no refunds be given.

Parent or Guardian Signature _____ Date _____