

**Southeast Japanese School**  
**Camp Hanabi July 8-12, 2019**

**REGISTRATION AND INFORMATION FORM 2019**

(PLEASE PRINT)

Student's Name	age	Email	
Address	City	Zip	
Telephone	Date of Birth	Grade in Sept.	
Father's Name	phone		
Mother's Name	phone		
Emergency Telephone/cell phone			
List Other children in your family attending Camp Hanabi	Age	Birth Date	Grade in Sept.
1.			
2.			
3.			

**EMERGENCY INFORMATION**

DEAR PARENTS: This emergency information form must be completed when the child enters camp and you are responsible to keep it updated. List the name, address, and phone numbers of your family and physician. Your signature is our authorization to call your physician or to render necessary emergency treatment if there should be a serious illness or accident, and neither parent can be reached. If you or your physician cannot be reached, it is our authorization to seek medical help and assistance.

In case you (Southeast Gakuen personnel or Parents Association members) are unable to reach me during any emergency, you are authorized to contact and if necessary, release my child to any of the following:

Doctor's Name	Address	Telephone
---------------	---------	-----------

Relative's name	Relationship	Address	Telephone
-----------------	--------------	---------	-----------

Neighbor/Friend	Address	Telephone
-----------------	---------	-----------

Please state if your child has any allergies or medical conditions \_\_\_\_\_

**INSURANCE INFORMATION:**

Company	Policy /Group No.	Other Additional Information
---------	-------------------	------------------------------

**MEDICAL AUTHORIZATION**

Should it be necessary for my child to have medical treatment and I cannot be reached, I hereby give Southeast Japanese School personnel permission to use their best judgment in obtaining medical service for my child and I give permission to the physician selected by the Southeast Japanese School personnel to render medical treatment deemed necessary and appropriate. I understand that the Southeast Japanese School has no insurance covering such medical or hospital costs incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
 Father's /Guardian's Signature                      Date

\_\_\_\_\_  
 Mother's / Guardian's Signature                      Date

# Southeast Japanese Language School

14615 Gridley Rd. Norwalk, CA 90650

## Camp Hanabi July 8-12, 2019

### Registration Form

Child's Name	Age	grade in Sept.
Mother's name (or Guardian)	Birthdate	
Father's name (or Guardian)	Phone	
Address	Email	
City	Zip	
T-shirt \$10 each Youth size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL		
Camp fee \$180.00 Early Bird (deadline June 16 <sup>th</sup> ) \$160.00		
Total fee		

CHECK PAYABLE TO: Southeast Japanese School

Send payment and completed forms to:

SEJSCC Camp Hanabi  
14615 Gridley Rd.  
Norwalk, CA 90650

- Bring a sack lunch and 3 drinks daily.
- Participants should wear appropriate clothing for sports activities.
- All participants must wear tennis shoes or closed toe shoes for sports activities.
- Participants wearing sandals will not participate in sports activities.

I learned about Camp Hanabi through

- a. I am a member of SEJSCC. I participate in \_\_\_\_\_.
- b. A member/friend of SEJSCC.
- c. I saw the ad in a local newspaper. The name is \_\_\_\_\_
- d. I saw a flyer posted at \_\_\_\_\_.

- I give permission to Southeast Japanese School to use photographs of my child in newsletters.
- Please do not use my child's photograph.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

