

Southeast Japanese School
Camp Hanabi June 27- July 1, 2022
REGISTRATION AND INFORMATION FORM 2022

(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 June 27 - July 1, 2022

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 | |
| Camp fee \$125.00 Early Bird (deadline June 17 th) \$110.00 | | |
| 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 snack and a drink 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 _____

RELEASE OF LIABILITY AND ASSUMPTION OF RISK

Camp Hanabi

In consideration of being allowed to participate as a guest in the _____, held on June 27-July 1, 2022 with the Southeast Japanese School (hereinafter "Southeast Japanese School & Community Center" or "SEJSCC"), I (we), the undersigned Participant (hereinafter "Participant"), acknowledge and agree that:

Release and Waiver: The undersigned hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE the SEJSCC and its member clubs, or any subdivision thereof, and each of them, their officers and employees, volunteers, agents, (collectively, the "Releasees"), from and for any liability resulting from any personal injury, accident or illness (including death), and/or property loss, however caused, arising from, or in any way related to, Participant's participation in the Event, except for those caused by the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

Indemnification and Hold Harmless: The undersigned also hereby agree to INDEMNIFY, DEFEND AND HOLD the Releasees HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including, but not limited to, attorney's fees, arising from, or in any way related to, Participant's participation in the Event, except for those arising out of the willful misconduct, gross negligence or intentional torts of the above parties, as applicable.

I (we) have read this Release of Liability and Assumption of Risk Agreement¹, understand its terms, and sign it freely and voluntarily without any inducement.

| | | |
|------------|---------------|-------|
| _____ | _____ | _____ |
| Print Name | Age | Date |
| | (minors only) | |

FOR PARENTS/GUARDIANS OF MINOR PARTICIPANTS

(under age 18 at time of execution)

This is to certify that I (we), as parent/guardian with legal responsibility for this minor participant, do consent and agree to his/her release as provided above of all the Releasees and, for myself (ourselves), my (our) heirs, assigns, and next of kin, I (we) release and agree to defend, indemnify and hold harmless the Releasees from any and all liabilities, claims or damages arising out of or related to my (our) minor child's involvement or participation in the program or activities as provided above, to the fullest extent permitted by law.

X _____
Father's Signature

X _____
Print Name

X _____
Mother's Signature

X _____
Print Name

X _____
Legal Guardian's Signature (if applicable)

X _____
Print Name

Date

Emergency Phone Number

_____ I give permission to the SEJSCC to use photographs and/or images of my child at this Event in newsletters, promotional material, cable & broadcast TV & other electronic media without payment.

¹Participant is qualified, in good health, and in proper physical condition to participate therein; that knows that there are certain inherent risks and dangers associated with the Event; and that, except as expressly set forth herein, they, knowingly and voluntarily, accept, and assume responsibility for, each of these risks and dangers, and all other risks.



Southeast Japanese School & Community Center

14615 Gridley Road, Norwalk, CA 90650 • (562) 863-5996

Liability Release Waiver - COVID-19

In consideration of my participation in the Southeast Japanese School (SEJS) and Community Center activities, I, the undersigned

1. Confirm that I have taken good note of the SEJS COVID PROTOCOLS and hereby undertake to comply with it.
2. Acknowledge and agree to the following:
 - a. I am aware of the existence of the risk my participation in the SEJS activities and my participation may cause illness such as, COVID 19.
 - b. I have not experienced symptoms such as fever, fatigue, difficulty breathing, cough, loss of taste or smell or any other symptoms relating to COVID-19 within the last 14 days.
 - c. I have not been, nor any of my family members, friends or co-workers whom I live or work with been diagnosed to be infected of COVID-19 virus within the last 30 days.
3. And, following the pronouncements above I hereby declare the following
 - a. I am fully and personally responsible for my own safety and actions while and during my participation and I recognize that I may in any case be at risk of contracting COVID-19.
 - b. With full knowledge of the risk involved, I hereby release, waive, discharge the SEJS of any and all liabilities, claims, demands, actions and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to COVID-19 while participating in any SEJS activities while in, on, or around the premises or while using the facilities that may lead to unintended exposure or harm due to COVID-19.

By signing below, I acknowledge that I have read the foregoing Liability Release Waiver and understand its content. I am at least (18) years old and fully competent to give my consent. I have been sufficiently informed of the risks involved and give my voluntary consent in signing it as my own free act and deed. I give my voluntary consent in signing this Liability Release Waiver as my own free act and deed with full intention to be bound by the same and free from any inducement or representation.

This waiver will remain effective until laws and mandates relevant to COVID-19 are lifted.

Date Signed: _____

If a participant is under (18) years of age the signature of Parent or Guardian is required.

| | | |
|-------------------------------------|--------------------|--|
| _____ Participant 1 (Print name) | _____ Signature | _____ Parent/Guardian Signature (If under 18) |
| _____ Participant 2 (Print name) | _____ Signature | _____ Parent/Guardian Signature (If under 18) |
| _____ Participant 3 (Print name) | _____ Signature | _____ Parent/Guardian Signature (If under 18) |

| | |
|---|---------------------|
| _____ Parent/Guardian 1 (Print name) | _____ Signature: |
|---|---------------------|

| | |
|---|---------------------|
| _____ Parent/Guardian 2 (Print name) | _____ Signature: |
|---|---------------------|