|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | First Name | Last Name | Chinese Name | photo |
|  |  |  |
| Gender | Male \_\_\_Female \_\_\_ | Country of Birth | Date of Birth |
| Address: |
| Public School: | Grade |
| Chinese School: | Grade |
| Nationality: | Cell Phone | Student's Email |
|  |  |
| T-Shirt Size: \_\_S \_\_M \_\_L \_\_ XL \_\_ XXL | Language Spoken At Home | Facebook Email Account |
| \_\_Mandarin \_\_\_ English \_\_\_Others |  |
| Parents Names | First Name | Last Name | Chinese Name | Email | Nationality |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
| Home Phone | Father's Cell Phone | Mother's Cell Phone |
|  |  |  |
| Community Participation/Position/Years | Award/Place/Years |
|  |  |
| Health Information |
| Have you ever had the following diseases?Heart disease: Asthma: Kidney disease: Liver disease: Mental illness: Epilepsy:  | Malaria: Hypertension: Diabetes: Allergies: Drug allergy:  |
| Health Insurance Information |
| Card Holder Name: Name of Insurance Company: Expiration Date: ID Number: Insurance Plan:  |
| Emergency Contact | Phone | Family Doctor's Name | Family Doctor's Phone |
|  |  |  |  |
| Parent's Signature:  | Date:  |

備註：填寫完報名表後請連同保證金$100美元支票、營隊規則簽章表與醫療保險證明影本（支票抬頭：Culture Center of TECRO）郵寄至華府文教服務中心（Culture Center of TECRO, 901 Wind River Lane, Gaithersburg, MD 20878 Attn: Ms. Su）