



2007 Taiwanese American Youth Leadership Camp

Registration/Release Form

Date/Site:	1 pm Friday 6/15 to 1 pm Monday 6/18 at Redwood Christian Park
Fee:	\$210 (Make check payable to "TAYL Camp")
Mail to:	H. Huang, 1008 Oaktree Drive, San Jose, Ca. 95129 (408) 996-3879 (H), (408) 996-8048 (F)

Name:	_____ (Family)	_____ (First)	_____ (please print)	_____ (漢字)
Parent:	_____ (Family)	_____ (First)	_____ (please print)	_____ (漢字)
Male: ___ / Female: ___	Age: _____	Birth Date: M _____ / D _____ / Y _____	Grade: (as of 1/07) _____	
Address:	_____			
	City _____	State _____	Zip Code _____	
Telephone: (_____) _____ - _____	e-mail: _____ @ _____	(please print clearly)		

Will be arriving late (please specify time and date) _____
Will be leaving early (please specify time and date) _____
Special diet or medical conditions? _____
Prefer to be in the same group with _____
Prefer to be in the same cabin with _____

Health Insurance: _____	Policy # _____
Clinic: _____	Physician Name: _____
Phone: (_____) _____ - _____	Phone: (_____) _____ - _____

Waiver: I, the undersigned parent/guardian of _____, hereby waive and release Taiwanese Alliance for Interculture, TAYL Camp Committee members and staff, counselors, from any and all claims, liabilities for any injuries, lost items or accidents that may occur in participation in the TAYL Camp, including transportation to and from the camp. In the event of an emergency, I grant permission for my child to be given medical attention. In such an event, an effort will be made to contact me.

Signature: _____ Date: _____, 2007