

22nd Annual 2011 年爾灣中文學校運動會報名表
Sports Day - Athletic Game Application Form

班級 Wednesdays Saturdays Sundays
 Class:

	English Name	Student ID # [IMPORTANT]:	性別 Gender:	出生日期 Date of Birth:
學生 Student				
家長 Parent/ Guardian		電話 Phone Number:	Email (only required of Student Volunteers):	

請在想參加項目的空格中打勾(√). Please check the box(es) below for the event(s) for which you would like to participate. (Due to track and field capacity constraints, not every student will be able to participate in all events. However, every effort will be made to ensure maximum participation. Students who return the applications after the due date announced by RPLs may be limited to certain events.)

	跳遠 Long Jump	Standing long-jump is for students who are 10 years old and younger on the date of the race and running long-jump is for students who are 11 years and older on the date of the race.
	賽跑 100M or 50M	50M race is for students who are 9 years old and younger on the date of the race and the 100M race is for students who are 10 years old and older on the date of the race.
	接力 4 x 100M Relay (Student 10 years old or Older)	The PTO will determine the relay groups primarily based on classes and ages of the students; however, PTO will reserve the right to group students from different classes. (For students 10 years old or older)
	親子接力 4 x 50M Parent-Student Relay (Student 9 years old or younger)	Parent's gender (check one): male _____ female _____ (Only for parents whose children are 9 years old or younger)
	趣味競賽 Class Game Competition	TBD
	學生遊戲 Fun Games	TBD
	學生工作人員 Student Volunteer	Volunteers must be high school students and may also participate in the other athletic event(s). Please provide email address above.

SCCCA, ICS, and PTO Waiver for Student

This section must be filled out by the student's parent or guardian. Please print in ink. List all items that apply, past or present, to the participant's health history. Explain any yes answers.

Allergies: Food, medicines, insects, plants Yes No Explain: _____
 List any medications which will be taken during competition _____
 List any medical, physical or behavioral conditions that may affect or limit full participation, including but not limited to racing, jumping, or playing strenuous physical games: _____
Name of personal physician: _____ **Telephone:** _____
 Personal health/accident insurance carrier: _____ Policy No. _____

Parent Authorization and Waiver:

I, _____ (Name of the Parent/Guardian), give permission for _____ (name of participant) to attend the annual Sports Day held on the campus of **Irvine High School, Irvine, CA on 12/11/2011**. I hereby waive all claims of liability against the South Coast Chinese Culture Association (SCCCA), the Irvine Chinese School (ICS), the Irvine Chinese School PTO (PTO), Irvine Unified School District (IUSD), and all personnel who serve on the Sports Day.

This person herein described has permission to engage in all prescribed activities, except noted by me. In the event of illness or accident occurred in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Parent/Guardian Signature _____ **Date** _____

SCCCA, ICS, and PTO Waiver for Parent

This section must be filled out by the parent/guardian participating in the 4X50M parent-student relay and/or tug of war. Please sign in ink.

I, _____ (Name of Parent/Guardian), will attend the annual Sports Day held on the campus of Irvine High School, Irvine, CA on 12/11/2011. I hereby waive all claims of liability against SCCCA, ICS and the PTO, IUSD, and all personnel who serve on the Sports Day. In the event of illness or accident occurred in the course of such activity, I request that measures be instituted without delay as the judgment of medical personnel dictates.

Parent/Guardian Signature _____ **Date** _____