

2013 – 2014 YOUTH MINISTRY REGISTRATION FORM 青年事工註冊表

First Chinese Baptist Church – San Gabriel Valley
6116 N San Gabriel Blvd., San Gabriel, CA 91775
A ministry of First Chinese Baptist Church – Los Angeles (213) 687-0814

OFFICE USE ONLY 辦事處專用		
Registered for Sunday Service	Registered for Friday Fellowship	NOTES
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

STUDENT'S INFORMATION 子女資料

Legal First Name 子女名字		Middle Name 子女中間名		Last Name 子女姓氏		Nickname 其他常用的名字	
Birthdate 出生日期	Age 年齡	Gender 性別 <input type="checkbox"/> Male 男 <input type="checkbox"/> Female 女	Grade 年級 6 7 8 9 10 11 12			School 就讀學校	
Home Address 住宅地址					Home Phone 住宅電話		
City 城市			Zip Code 郵區號碼		Language Spoken 所講的基本語言		

PRIMARY CONTACT/RELEASE PERSONS (PARENTS AND GUARDIANS) 主要聯絡人/負責人(父母或監護人)

Father/Guardian 父親或監護人		Language Spoken 所講的基本語言		Cell Phone 手提電話	
Home Address 住宅地址		Home E-mail 住宅電郵		Home Phone 住宅電話	
Mother/Guardian 母親或監護人		Language Spoken 所講的基本語言		Cell Phone 手提電話	
Home Address 住宅地址		Home E-mail 住宅電郵		Home Phone 住宅電話	

EMERGENCY CONTACT/RELEASE PERSON (NOT PARENT OR GUARDIAN) 緊急聯絡人/負責人(非父母或監護人)

If the child's PRIMARY CONTACT cannot be reached, the EMERGENCY CONTACT/RELEASE PERSON will be contacted. The Emergency Contact and Release Person must be 18 years of age or older. Please notify First Chinese Baptist Church when an Emergency Contact and Release Person will pick up your child on a given day. 在緊急情況下，第一華人浸信會將儘可能通知家長或監護人。如果無法與家長或監護人取得聯絡，我們將會聯絡本部份中的指定緊急聯絡人，而他/她必須年滿 18 歲或以上。

Name 姓名		Relationship to child 與子女關係		Cell Phone 手提電話	
Home Address 住宅地址		Home E-mail 住宅電郵		Home Phone 住宅電話	

CHILD'S MEDICAL INFORMATION 子女醫療資料

First Chinese Baptist Church is not a medical treatment facility. Medical services are not provided; and the teachers, assistants and workers are not medically trained practitioners. 第一華人浸信會並非是一間醫務所，所有的老師、助理及工作人員也沒有接受過醫療訓練，故此本會絕對不會提供任何醫療服務。

Date of MMR Booster 最後注射麻疹、腮腺炎及德國麻疹疫苗日期： _____ Month 月 _____ Year 年	Date of Hepatitis B Vaccination 注射乙型肝炎疫苗日期： _____ Month 月 _____ Year 年	Date of tetanus toxoid immunization 最後注射破傷風防疫針日期： _____ Month 月 _____ Year 年	Are all vaccinations current? 是否已注射所有必須的疫苗？ <input type="checkbox"/> Yes 是 <input type="checkbox"/> No 否
Does child have any of the following (please check all that apply) 你的子女有以下情況嗎(請選適合的)： <input type="checkbox"/> Asthma 哮喘 <input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Epilepsy 羊癲癇 <input type="checkbox"/> Heart Trouble 心臟病 <input type="checkbox"/> Sinus Trouble/Hay Fever 敏感/花粉症			
List any medical conditions the minor is currently being treated for 列出子女現正接受的治療：			
List all current medications 列出現時服食的藥物：			
List any restrictions on activities 列出要限制的活動：			
List any allergies 列出任何敏感症：			
Explain other medical needs			

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列出其他健康需要：		
Health Insurance Company 健康保險公司：	Member/Policy No. 授保號碼：	Insured's Name 授保人姓名：
Physician's Name 醫生姓名：	Physician's Phone No. 醫生電話號碼：	

MEDICAL RELEASE 醫療授權書

I hereby release and waive any liability against First Chinese Baptist Church, LA and its officers, employees and volunteers for any illness or injury that my child may incur as a result of his/her participation in the Children's Ministry Activities. Should it be necessary for my child to have medical treatment, while participating in the Children's Ministry Activities, I hereby give First Chinese Baptist Church, LA and/or its agents permission to act on my behalf to secure any hospitalization or medical services deemed necessary and appropriate by the physician and absolve First Chinese Baptist Church, LA from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. First Chinese Baptist Church, LA has my permission to obtain emergency medical treatment for my child at the expense of myself and/or my insurance company.

在此我同意，如果我的子女因為參加兒童活動期間而生病或受傷，我放棄追究羅省第一華人浸信會，其職員及員工和義工的責任權利。如果本人的子女在參加兒童活動期間需要接受治療，本人授權羅省第一華人浸信會或其代表代替本人提供醫生認為有必要的住院或醫療服務。羅省第一華人浸信會將不負責在醫院治療當中疏忽或誤診之責任。本人授權羅省第一華人浸信會為本人子女提供醫療急救，費用由本人或本人的保險公司承擔。

 Signature (Parent/Guardian)
 簽名 (父母/監護人)

 Date 日期

I give First Chinese Baptist Church, LA permission to administer treatment for minor cuts and bruises, as they deem necessary.

我授權羅省第一華人浸信會在必要時為他/她治療其他輕微割傷或擦傷。

I give permission to First Chinese Baptist Church, LA and/or its agents to select transportation, and a medical provider who may provide proper treatment for hospitalization, order injections, anesthesia or surgery for my child.

我授權羅省第一華人浸信會或其代表選擇交通工具和醫療設施去為我的子女提供住院、打針、麻醉或手術等服務。

PHOTO RELEASE 照片授權書

I give permission for my child to be photographed and videotaped at church and during field trips and activities. Photos of minors are sometimes used in the publicity publications of the church. These photos may appear in printed brochures and on the church's internet website. Parents who have any concern about this are directed to speak to the Director of Children's Ministry.

本人准許我的子女在教會、實地教育及郊遊旅程中拍照及錄影。兒童照片可能會被刊登在教會刊物及網頁作宣傳用途。若家長有任何關注，請與兒童事工主任聯絡。

 Signature (Parent/Guardian)
 簽名 (父母/監護人)

 Date 日期

TRANSPORTATION RELEASE 交通授權書

I give permission for my child to participate in and to be transported while under proper staff supervision at all times for field trips, to and from the church, educational excursions and other church sponsored activities. I will be given a specific permission slip for each off-site field trip.

我准許我的子女乘坐接送人員的車輛，參與郊遊及其他教會贊助的活動及接受其監督。我會為每一個特定郊遊活動簽署一份授權書。

 Signature (Parent/Guardian)
 簽名 (父母/監護人)

 Date 日期