



LA SALLE COMMUNITY CENTER

248 Kirk Avenue San Jose, CA 95127

Tel. (408) 708-4139

www.thelasallesisters / www.lasan.org

Phần dành cho văn phòng:

Lệ phí đã nhận: \$ _____

Cash / Check# _____

Ngày nhận: _____

Người nhận: _____

LA SALLE SUMMER CAMP REGISTRATION FORM 2017

From June 12 - July 14, 2017

From 9:00am - 4:00pm, Mon-Fri

No Class on Tues. July 4: Independent Day

Student's Full Name: Last: Middle: First:

Date of Birth: Date: Month: Year: (Ages from 5 - 12 years old)

Gender: Male Female Place of Birth: Religion:

During school year 2016-2017, the student is in grade. She/He will be in grade next year.

Father's name: Mother's name:

Address: Apt # (if applicalbe):

City: CA, Zip Code:

Home Phone:..... Work Phone:

Cell Phone: E-mail:

In case of emergency - Contacts: Relationship to student:

Home Phone: Cell:

Health insurance Company: Policy number:

* Other student's health information you'd like to disclose to the school:

* Non-refundable 5-week summer school fee: **\$700** (non-refundable even if no attendance)

Check payable to: **La Salle Community Center**

PARENT/GUARDIAN RELEASE: The undersigned hereby authorize(s) and consent(s) to the La Salle Community Center's regulations. The undersigned further hereby authorize(s) and consent(s) to release and forever discharges the La Salle Community Center and La Salle Sisters and its entities, the Christian Brothers, staffs, officers, leaders, chaperons, sponsors, attorneys, etc. (each hereinafter a "La Salle Party"), from any and all liability, claim, loss, damages, cost or expenses. The undersigned shall indemnify, defend, and hold harmless La Salle Party, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever on account of all injuries, both to person and property, which may in the future result from any accident which might occur as a result of any social, educational, athletic or any other event or activity sponsored, participated in or conducted by La Salle Party. Furthermore, the undersigned agrees to pay in full value for any damages that the student may cause to the La Salle Community Center / La Salle Sisters property.

In the case of emergency, the undersigned give(s) permission to La Salle Party selected physician(s) and/or hospital(s) to render medical treatment deemed necessary and appropriate. The undersigned further agree(s) to be fully responsible for any and all medical expenses.

The undersigned acknowledge(s) that the execution of this consent and release was freely voluntarily made and that the undersigned has/have read and understands this consent and release and fully agree(s) to all its term. The undersigned affirm that all information provided on or in connection with this consent and release form is true and correct.

Executed on the day of, 2017

Parent/Guardian's Signature

Please continue on reverse side →

Parent/Guardian's Full Name



La Salle Community Center - Trung Tâm La San

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Giấy Cho Phép Xử Dụng Hình Ảnh

Tôi, _____ là phụ huynh của
(Tên phụ huynh hay người giám hộ)

em: _____ Tuổi: _____
(Tên học sinh)

Chúng tôi cho phép các Frère, Sơ, và các Thầy Cô trong các chương trình giáo dục, dạy học, hay các chương trình khác tại Trung Tâm La San (Nguyễn Đường La San) xử dụng các hình ảnh, cũng như tên của các em trong các phổ biến truyền thông, truyền hình qua ấn phẩm hay qua mạng điện toán.

Chúng tôi xác nhận sự tham gia của con em nói trên trong các tư liệu phổ biến truyền thông, truyền hình, ấn phẩm, hay mạng điện toán đều là tự nguyện và không có nhận một khoản thù lao nào.

Chúng tôi cũng đồng ý là chúng tôi không có một quyền sở hữu nào trên các tư liệu được làm hay sản xuất bởi Trung Tâm La San (Nguyễn Đường La San). Chúng tôi không kiện cáo, khiếu nại Trung Tâm La San (Nguyễn Đường La San), hay các Frère, Sơ, và các Thầy Cô, hay bất cứ ai có liên quan đã xử dụng các hình ảnh của các em trong các phương tiện nói trên.

Chữ ký phụ huynh (hay người giám hộ) _____

Tên phụ huynh (hay người giám hộ) _____ Ngày: _____

Photo Release Consent Form

I _____, Parent's (Guardian's)

of _____ Age: _____
(Student's name)

Hereby grant full permission to La Salle Sisters and Brothers and their affiliated programs to use my child(ren) likeness and name (if necessary) with a photograph in any publication or advertising materials (printed or electronic), including website entries.

I acknowledge that my child(ren) participation in media and websites produced by La Salle's Program(s) is voluntary with no compensation.

I further agree that my child(ren) participation in any media and website produced by La Salle's Program(s) confers upon me no rights of ownership whatsoever. I release La Salle's Program(s) and all staff members from liability for any claims or any third party in connection with my child(ren) participation.

Parent's (Guardian's) Name: _____

Parent's (Guardian's) Signature: _____ Date: _____