



# Turbo Chinese Community Centre

## 飛揚體育會

### STUDENT PERSONAL INFORMATION

Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: (DD) / (MM) / (YYYY) Grade in Current School: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  Member /  Non-Member  
Parent's/Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Contact No: (Home) \_\_\_\_\_ (Mobile): \_\_\_\_\_

### STUDENT MEDICAL INFORMATION

Health Card No.: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Tel No.: \_\_\_\_\_  
Allergies/Special Care: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Relation: \_\_\_\_\_

I hereby give permission for my child to participate in the camp held by Turbo Chinese Community Centre, and receive any emergency treatment if necessary. I hereby release and forever discharge the Turbo Chinese Community Centre from all actions, damages, claims and demands whatsoever arising by reason of participation in the activity. Permission is granted for taking photos of my child during camp and to use photos on our website, Facebook, marketing materials and promotional pieces. **I have read, understood and agreed to the contents of this consent in its entirety.**

Course:  Soccer  Golf Payment:  Cash  Cheque Amount: \_\_\_\_\_

\*Please make cheque payable to: **Turbo Chinese Community Centre**

**Mail or Drop off to:** Chloe's Garden Restaurant (3621 highway 7 east, unit 111 Markham, Ontario, L3R 0G6)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

**Turbo Chinese Community is run by volunteers.** Please indicate below how you can help.

Sponsor  Coach  Referee  Volunteer

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_