



# Joyous Chinese Cultural Center

CHINESE CHILDREN ADOPTION INTERNATIONAL

6940 South Holly Circle, Centennial, Colorado 80112

[school@chinesechildren.org](mailto:school@chinesechildren.org) 303-221-6688 [www.joyouscenter.org](http://www.joyouscenter.org)

**Please complete one form per child participating in the camp program.**

## Photo Release

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_,  
hereby give permission to JCCC and CCC/CCAI to use photos taken during the Summer Camp Program in agency publications such as the CCC/CCAI Circle, and/or the CCC/CCAI website. Names of the children will not accompany any photos that are used.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Liability Agreement

By enrolling or participating in any Joyous Chinese Cultural Center (JCCC) program or activity, parents/guardians agree to waive any claim of liability against Chinese Children Charities/Chinese Children Adoption International (CCC/CCAI), JCCC, and its staff, in the event of any loss or injury resulting from participation in JCCC activities and events. Parents/guardians agree to be responsible for medical expenses which may be necessary following any injury incurred during participation in JCCC-sponsored programs.

I understand that the Joyous Chinese Cultural Center (JCCC) and Chinese Children Charities/Chinese Children Adoption International (CCC/CCAI) is not responsible for accidents or injury that may occur on the CCC/CCAI premises, or at other locations where JCCC/CCC/CCAI activities may occur. I understand that I am responsible for any medical treatment which may be necessary following any injuries which may take place while my child is participating in JCCC/CCC/CCAI events.

Name of Child \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_



# Joyous Chinese Cultural Center

CHINESE CHILDREN ADOPTION INTERNATIONAL  
6940 South Holly Circle, Centennial, Colorado 80112  
[school@chinesechildren.org](mailto:school@chinesechildren.org) 303-221-6688 [www.joyouscenter.org](http://www.joyouscenter.org)

Please complete one form per child participating in the camp program.

## Emergency Contact Information and Medical Release Form

Today's Date \_\_\_\_\_

**Child's Name** \_\_\_\_\_ Birthdate \_\_\_\_\_

Full Address \_\_\_\_\_

**Mother** (first & last name ) \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

**Father** (first & last name ) \_\_\_\_\_

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Known Food Allergies \_\_\_\_\_ Vegetarian? YES / NO

Any medical conditions that JCCC should be aware of \_\_\_\_\_

Name of Primary Care Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_

**In the event that a parent/guardian is not in the JCCC facility during an emergency, please complete the following:**

Emergency Contact Numbers (who should we call, including parents/guardians, in this order)

**1.** Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

**2.** Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_



# Joyous Chinese Cultural Center

CHINESE CHILDREN ADOPTION INTERNATIONAL

6940 South Holly Circle, Centennial, Colorado 80112

[school@chinesechildren.org](mailto:school@chinesechildren.org) 303-221-6688 [www.joyouscenter.org](http://www.joyouscenter.org)

**Please complete one form per child participating in the camp program.**

## Emergency Contact Information and Medical Release Form (page 2)

Child's Name \_\_\_\_\_

**Please complete the following, in case we are unable to reach the listed emergency contacts:**

I hereby authorize any representative of the Joyous Chinese Cultural Center to take my child to the closest medical facility for medical treatment, in the event of an emergency during which neither parent can be reached. I will assume all financial liability to the medical care provided.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_

I hereby authorize the medical facility to release my child to a representative of the Joyous Chinese Cultural Center, if care is longer deemed necessary by a medical professional.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print name \_\_\_\_\_