



2011 Chinese Immersion and Badminton Summer Camp

8:30 am - 6:00 pm

06/20/2011 - 08/26/2011

Contact: Emma Zhang,

Phone: 301-880-4334,

Email: icbg_usa@yahoo.com

ICBG and East Coast Badminton Club join together to provide your kids a fun-filled summer. The camp features a 2-hour badminton clinic coached by a national professional badminton player and an 1-hour Chinese class taught by a professional Chinese teacher from ICBG daily.

Location

East Coast Badminton Club, 30 Southlawn Court, Rockville, MD 20850

Fees

- Tuition is \$225/week for full day student or \$130/week for ½ day student
- Additional student(s) from the same family receive a 10% tuition discount
- Registration fee is \$30 per student (non-refundable)
- One week deposit of \$225 is required to secure a space.
- Advance registration special: 5% tuition discount if you registered before 5/22/2011
- No refund if cancel after 5/31/2011
- ½ day means you leave the camp before 12:30 PM or come to the camp after 1:00 PM for that day
- Students bring lunch and snacks.

美国国际教育交流集团

INTERNATIONAL CULTURAL BRIDGE GROUP

BADMINTON AND CHINESE SUMMER CAMP REGISTRATION FORM

Email: Icbg_usa@yahoo.com, Phone: 301-880-4334,

A. 学生资料 STUDENT INFORMATION (Please Use One Form for Each Student)

学生姓名 Name in English	中文姓名 Name in Chinese	出生日期 Date of Birth	性别 Gender	营名 Camp Name
父亲姓名 (Father's Name):		母亲姓名 (Mother's Name):		
联系电话 (Home Phone):		Parent Email:		
手机号码 (Cell Phone):		Student Email:		
家庭住址 (Home Address):				
No.	Street	Apt.#	City	State Zip Code

B. 学杂费* (FEE) :

	Date	Fee	Subtotal
Week 1	6/20--6/25		
Week 2	6/27--7/1		
Week 3	7/5--7/8		
Week 4	7/11--7/15		
Week 5	7/18--7/22		
Week 6	7/25--7/29		
Week 7	8/1--8/5		
Week 8	8/8--8/12		
Week 9	8/15--8/19		
Week 10	8/22--8/26		

注册专用 School Use Only	
支票号码	
金额	
经手人	日期:
审核人	日期:

Registration fee: \$30 (no refundable), Tuition: \$225/week, 10% Discount for each additional family member. 5% off if registered before 5/22/2011.

合计 Total: \$ _____ (Please Make Check Payable To: ICBG)

D. 事故应急措施及医疗 PARENTAL RELEASE AND CONSENT TO MEDICAL TREATMENT** My child is enrolled in International Cultural Bridge Group. I hereby release International Cultural Bridge Group, its employees, representatives, members of Board of Directors, from any and all liabilities for injuries to my child or damage to any property and property of my child when enrolled at International Cultural Bridge Group. I accept the full risk and responsibility for any damage or injury. In any legal proceeding brought in regard to this release, International Cultural Bridge Group shall be entitled to recover all costs and expenses of such actions, including but not limited to all attorney's fees. I further authorize International Cultural Bridge Group personnel to take my child to a physician or hospital and to consent to emergency medical treatment required for my child if I cannot be contacted.

Please list an emergency contact other than parent or guardian: Name _____ Phone () _____

Health Insurance Company: _____ Insurance Policy# or HMO: _____

Medications (list) Yes No Allergies (list) Yes No

家长签字 Parent Signature

日期 Date

请将报名表及学杂费支票寄至本校 Please return the completed and signed registration form with tuition payable to: **ICBG or International Cultural Bridge Group**. Check mail to 12025 Tregoning Place, Clarksburg MD 20871