

**Chinese Academy of Memphis 孟菲斯中文学院**  
**Yunnan Project Application Form**

*English Name 英文姓名	Chinese Name 中文姓名
*Gender 性别	*Birth Month/Birth Year 出生 月/年
*Email 电子信箱	*Home Phone 住宅电话
*Home Address, City, State, Zip code 家庭住址, 城市, 州, 邮编	
School Name and Grade 学校和年级	Previous involvement? 1. Yes 2. No

**Please list all prior volunteering experience(s)**

Location

Date From – Date To

Contact Information

**Please write a paragraph about why you want to be involved with the Yunnan project and how you can contribute to this extraordinary mission.**

## Liability Waiver

In consideration of myself or my child listed above being permitted to participate in any indoor/outdoor Chinese Academy of Memphis activities held, I, the undersigned, do for myself, my heirs, and personal representatives, and/or for the heirs, and personal representatives of my child agree to indemnify and hold harmless and release Chinese Academy of Memphis (CAM), its host facilities and its officers, agents or employees, whether individuals or in their capacity as officers, agents or employees of Chinese Academy of Memphis from and against all claims of injury, accidents, illness or other things unexpected occurring during and/due to the school hours and other school activities.

If I am the parent or guardian of a minor child who will be participating in the Chinese Academy of Memphis, then I shall be personally responsible and liable for the conduct of said child and am executing this waiver and indemnity as a parent or guardian and legal custodian of said child.

I also fully understand that my participation in the Chinese Academy of Memphis and other related activities is totally voluntary and that I am not required to participate.

\*Signature of Student: \_\_\_\_\_ \*Signature of Parent or Guardian \_\_\_\_\_

\*Date of Signed: \_\_\_\_\_

## EMERGENCY AUTHORIZATION

EMERGENCY AUTHORIZATION: In the event that I cannot be reached in an emergency, I hereby give permission to the principal, assistant principals, or the personnel designated by the Chinese Academy of Memphis to secure proper emergency treatment for my child as named above.

Ordinarily I can be reached at: Phone (\_\_\_\_) \_\_\_\_\_ mobile phone: (\_\_\_\_) \_\_\_\_\_  
If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ mobile phone: (\_\_\_\_) \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ mobile phone: (\_\_\_\_) \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Address: \_\_\_\_\_

## Student Health Information Form

Allergies	Medication to be taken while attending CAM	Medical problems

\*Name of Parent or Guardian (Print) \_\_\_\_\_  
\*Signature of Parent or Guardian \_\_\_\_\_  
\*Date signed \_\_\_\_\_

**Please mail the completed form to:**

John Song  
427 N. Graham St. Apt. 17  
Memphis, TN 38122  
Tel: 901-323-7786  
Email: [songj.cam@gmail.com](mailto:songj.cam@gmail.com)