JCCS Cultural Class 2019-2020 Release Form

Full Name: _____ Age: _____

☐ Male
☐ Female
☐ Do Not Wish to Answer

Email: _____ Birth Date: _____

Adoption Date: _____

Street Address: _____ Unit: _____

City: _____ State: _____ Zip Code: _____

Child Phone (if applicable): _____ Parent Phone: _____

Parent (s) Name (s): _____

Known Food Allergies: _____

Medical Conditions: _____

Participation Authorization

By registering my child for any JCCC program or activity, I agree to waive any claim of liability against Joyous Chinese Cultural Center/Chinese Children Adoption International (JCCC/CCAI), its staff, volunteers, and board of Directors, in the event of any loss or injury resulting from participation in JCCC activities and events on the JCCC/CCAI premises, or at other locations where JCCC activities may occur.

I understand and acknowledge that participation in JCCC classes involves inherent risk to our child including injury risks of physical injury associated with, arising out of, and inherent to the activity of dance. I agree to release Chinese Children Adoption International of all liability for any cost or expenses arising out of our child's participation in JCCC classes, including the cost of any medical care given to our child or any expenses or fees incurred in any lawsuit arising as a result of any damages or injuries caused by our child in the course of his or her participation in JCCC classes. I further understand that JCCC/CCAI is not responsible for accidents or injury that may occur.

I accept full responsibility for any medical expenses that might arise as a result of sickness or injury and understand that Chinese Children Adoption International does not maintain medical insurance, which would cover any sickness or injury.

I authorize the Designated Supervisor(s) to authorize and consent to any medical care that he or she reasonably believes necessary, including hospitalization or surgery. Chinese Children Adoption International will obtain the consent of a Parent or Guardian when time and conditions permit.

Participant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Code of Conduct:

To provide the safest and best experience, we have the following expectations for all Adopteen participants:

- I agree to actively participate in the entire event.
- I will not use or possess any illicit substances.
- I will treat all personnel, my peers, and property with respect.
- I will not engage in inappropriate conduct with any of my peers.
- I will abide by all laws of the city and state where this event is located.

I agree to abide by this Code of Conduct. Failure to comply with any part of this Code of Conduct may result in my immediate dismissal from this event. Any travel arrangements and expenses will be my responsibility.

I understand that if I am found to engage in tobacco, drug, or alcohol use, or sexual conduct of any kind **I will be dismissed immediately and it may be grounds for further legal and financial action taken against me.**

I have read and understand the above statements.

Parent/Guardian's Signature: _____ Date: _____

Participant's Signature: _____ Date: _____

Photo Release

I, _____ , hereby give permission to JCCC/CCAI to use photos of our child taken during JCCC classes in any promotional material such as the CCAI Circle, the CCAI website, and social media. My child's name will not accompany any photos that are used unless specifically permitted by me/us.

I give permission to CCAI to use my child's name for publication specified above.
I don't give permission to CCAI to use my child's name for publication specified above.

Participant's Signature: _____ Date: _____

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

Emergency Contacts

Name of Contact	Relation	Phone Number

Consent for Medical Treatment

I, _____ , authorize the Designated Supervisor(s) to obtain emergency medical treatment for my student during JCCC classes. I consent to hospital care to be rendered to the student at a recognized medical facility, under the general or special supervision of a qualified physician or surgeon. I acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the condition of my student and that I am responsible for all charges in connection with the care and treatment rendered to my student during this period.

I certify that I have read and understand the Release Form, that all responses made on this form are true and accurate, and that I will notify JCCC/CCAI hereafter of any relevant changes in the student's health that occur during the period this Release Form covers.

Participant's Signature: _____ Date: _____

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

Medical Information

Date of last Tetanus Booster: _____

Current Medications: _____

Have you ever had or do you now have (check yes or no):

	Yes*	No		Yes*	No
Chicken Pox			Kidney Problems		
Hepatitis			Chronic Skin Problems		
Tuberculosis			Epilepsy		
Malaria			Fainting Spells		
Heart Disease			Diabetes		
High Blood Pressure			Anemia		
Chronic Chest Pain			Severe Anxiety		
Asthma			Surgery		
Chronic Gastrointestinal Problems			Other**		

*Please give details about any items on which you checked "Yes":

**Please give details about any other medical problems you wish to note:

Have you been in good health for the past twelve months?	Yes	No
Do you have any significant chronic medical conditions requiring on-going medical supervision and treatment, or have you in the past had any significant condition which is currently in remission?	Yes	No
Are you currently receiving, or have you received in the past two years, counseling for any emotional problems, drug addiction, alcoholism, psychiatric condition, or eating disorder?	Yes	No

Please elaborate below if you checked yes to any of the above: