



Chinese Bible Missions Church of Los Angeles

羅省華人聖經宣道教會

2009-2010 Registration Form 報名表

(One Form per Child 每小孩一表格)



Child's Name 孩子名字 (Last 姓), (First 名)	Gender 性別 M 男 F 女	Date of Birth (MM/DD/YY) 出生日期 (月/日/年)	Registration Fee 報名費 <b>\$50</b>
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Child's Grade in 09-10 孩子在 09-10 年的級別:		
<b>Sparks</b> <input type="checkbox"/> Kindergarten 幼稚園 <input type="checkbox"/> First grade 一年級 <input type="checkbox"/> Second grade 二年級	<b>T&amp;T</b> <input type="checkbox"/> Third grade 三年級 <input type="checkbox"/> Fourth grade 四年級 <input type="checkbox"/> Fifth grade 五年級	<b>Trek</b> <input type="checkbox"/> Sixth grade 六年級 <input type="checkbox"/> Seventh grade 七年級 <input type="checkbox"/> Eighth grade 八年級

Need Uniform 需要制服?		
<b>Sparks (\$12)</b> L XL XXL	<b>T&amp;T (\$14)</b> 14 16 S	<b>Trek (\$16)</b> Girls: Blue; Boys: Blue or Green S M L

Food allergy, special medical attention, etc 身體健康資料, 如: 食物敏感、特別醫療需要, 等
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Parent or Guardian 家長或監護人 (Last 姓), (First 名)	Home # 住宅電話 ( )	Mobile # 手提電話 ( )	E-mail 電子郵件
Street Address, Apt # 住址 (街名, 房屋號碼)	City 城市	Zip 郵區號碼	

<i>For Office Use:</i>		
Registration Fee: \$ 50	Registration Date:	Added to Roster? Yes
Uniform: \$	Total Paid: \$	Cash or Check #
Total Due: \$	Reviewed by:	

Starts 開始: 9/20/2009 Ends 結束: 5/16/2010

Sundays 3pm to 5pm in CBMCLA Fellowship Center

逢星期日下午3時到5時團契中心

Commanders 指揮官: William & Pauline Tang (626) 570-9044

PLEASE TURN OVER

請翻背頁



Chinese Bible Missions Church of Los Angeles  
羅省華人聖經宣道教會

1. The child stated above has my permission to attend the AWANA Club of Chinese Bible Missions Church of Los Angeles (CBMCLA) on Sundays from 3 pm to 5 pm.  
本人同意上述小孩於逢星期日下午 3 時至 5 時參加羅省華人聖經宣道教會舉辦的 AWANA 會。
2. I agree to direct my child to cooperate and to conform to the fullest with the AWANA Club rules.  
本人願意指導本人的小孩盡力遵守 AWANA 會的會規。
3. I waive all claims against CBMCLA and its leaders for injury, accident, or illness occurring to my child while attending or by reason of the AWANA Club.  
小孩若因參加 AWANA 會時發生意外或受傷，本人不會向羅省華人聖經宣道教會及所有導師追究任何責任。
4. Should it be necessary for my child to have medical treatment while participating in the AWANA Club activities, I hereby give CBMCLA permissions to use their judgment in obtaining medical service for the child and I give permissions to the physician selected by the church personnel to render medical treatment deemed necessary and appropriate by the physician.  
若小孩在參加 AWANA 會時遇有緊急和需要立即治療的情況，我允准羅省華人聖經宣道教會同工決定為小孩治療，並允准教會所選的醫護人員為小孩提供會適及所需的治療。
5. I understand that the church has no insurance covering such medical and hospital costs incurred for such treatment, which shall be my sole responsibility.  
我明白教會不會為這些意外事故的治療提供醫療保險，並本人會全權負責所需費用。

\_\_\_\_\_  
Signature of Parent or Guardian  
家長或監護人簽名

\_\_\_\_\_  
Date  
日期

Please return this form together with \$50 registration fee (cash or check payable to CBMCLA) to

請填好報名表連同報名費\$50 (現款或支票抬頭 CBMCLA) 交與

Chinese Bible Missions Church of Los Angeles, AWANA Club

200 W. Commonwealth Avenue, Alhambra, CA 91801

(626) 570-9044