

# CHINA DISCOVERY 2007

## APPLICATION FORM



DATES JULY 7, 2007 – JULY 20, 2007

*~Please fill in all areas~*

### Student's General Information

**Name:**

First Name

Middle Name

Last Name

**Date of Birth:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month / Day / Year

**Age:**

**Gender:**

**Boy / Girl** (please circle one)

**Home Address:**

Street

City

State

Zip

**Phone Number:**

(H) ( )

(Cell) ( )

**Email Address:**

<Education Background>

**Grade Level:**

**School:**

**Any Foreign Language?**

**Yes / No** (please circle one)

**If Yes, Which One?**

**Chinese / Spanish / Other**

**Foreign Language Level:**

**Beginner / Intermediate / Advanced**

**Can student swim?**

**Yes / No** (please circle one)



**Parents' Information**

**Father's Name:** \_\_\_\_\_  
First Name Middle Name Last Name

**Father's Work Phone:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_  
First Name Middle Name Last Name

**Mother's Work Phone:** ( ) \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact**

**Name:** \_\_\_\_\_  
First Name Middle Name Last Name

**Relationship with Student:** \_\_\_\_\_

**Mother's Work Phone:** ( ) \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street City  
State Zip

**Insurance**

**Type:** **Medical / Accident / Travel** (please circle at least one)

**Co/ Carriers:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip

**International Coverage:** **Yes / No** (please circle one)



**✚ PLEASE LIST ANY EXISTING MEDICAL CONDITIONS/ALLERGIES/MEDICATIONS OR SPECIAL NEEDS**

\* This information will remain confidential but is essential in case of an emergency.  
(For no special instructions write "none")

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**✚ PARENTS, PLEASE LIST OBJECTIVES FOR YOUR CHILDS CAMP EXPERIENCE**

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**✚ PARENTS, PLEASE LIST ANYTHING THAT YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD**

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## Liability Release

In consideration of being allowed to attend China Discovery Summer Camp, the undersigned confirms that:

- a) I am a parent/guardian of the student(s) who plan(s) to joint the China Discovery 2007 Summer Camp held by Omega Institute LLC.
- b) I understand that while participating in this summer camp, my child(s) may be exposed to certain risks include, but not limited to accident and/or sickness without readily available medical facilities, the forces of nature, travel in the air, travel on the ground, terrorism, and war.
- c) I understand that I will be entitled to no refund after the summer camp starts.
- d) I agree that Omega Institute LLC and all persons acting under its permission or authority will not be held responsible if any of my child(s)'s property is lost, stolen, or damaged during the summer camp.
- e) I agree to indemnify the Omega Institute LLC and all persons acting under its permission or authority harmless for any and all liability whatsoever for any claims of any nature which may arise out of my child(s) attendance at the China Discovery 2007 Summer Camp
- f) I have read and understand the conditions set forth in the China Discovery Summer Camp Guide.

Name: \_\_\_\_\_ Legal Guardian: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: \_(\_\_\_\_)\_\_\_\_\_ Cell Phone: \_(\_\_\_\_)\_\_\_\_\_



### **OMEGA Institute, LLC.**

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[www.omegacamps.com](http://www.omegacamps.com)  
E-mail: [info@omegaco.com](mailto:info@omegaco.com)

**\* PLEASE SEND OR FAX YOUR APPLICATION TO OUR  
OFFICE IN SAN ANTONIO, TX.**

**\* IF YOU HAVE ANY QUESTION, CONCERN, PLEASE  
DO NOT HESITATE TO CONTACT US.**

