



Turbo Chinese Community Centre

飛揚體育會

STUDENT PERSONAL INFORMATION

Name: _____ Chinese Name: _____
Age: _____ Gender: _____ Date of Birth: (MM) / (DD) / (YYYY) Grade in Current School: _____
Address: _____ Apt. No: _____
City: _____ Prov: _____ Postal Code: _____
Email Address: _____ Member / Non-Member
Parent's/Guardian's Name: _____ Relation: _____
Contact No: (Home) _____ (Mobile): _____

STUDENT MEDICAL INFORMATION

Health Card No.: _____ Name on Card: _____
Family Doctor: _____ Tel No.: _____
Allergies/Special Care: _____

EMERGENCY CONTACT PERSON

Name: _____ Contact No.: _____
Relation: _____

I hereby give permission for my child to participate in the camp held by Turbo Chinese Community Centre, and receive any emergency treatment if necessary. I hereby release and forever discharge the Turbo Chinese Community Centre from all actions, damages, claims and demands whatsoever arising by reason of participation in the activity. **I have read, understood and agreed to the contents of this consent in its entirety.**

Course: Soccer Golf

Payment: Cash Cheque

*Please make cheque payable to: **Turbo Chinese Community Centre**

Mail to: **PO Box 5075, 1070 Major Mackenzie P.O, Richmond Hill ON L4S 1P0**

Signature: _____ Date: _____

Parent/ Guardian's Name: _____

Turbo Chinese Community is run by volunteers. Please indicate below how you can help.

Sponsor Coach Referee Volunteer

Name: _____ Contact No.: _____