

2009 TACL - LID Summer Conference Registration Form

Participant's Name _____

Email Address _____

Age _____ Date of Birth _____ (____) _____
 Phone Number _____

Sex: Female Male

Mailing address (number, street name) _____

City _____ / State _____ / Zip Code _____

Primary Language _____

Secondary Language _____

Allergies/Medical/Special Dietary Needs

<p>Age Group</p> <p><input type="checkbox"/> Junior High (7-8)</p> <p><input type="checkbox"/> High School (9-12)</p> <p><input type="checkbox"/> College</p>	<p>T-shirt:</p> <p><input type="checkbox"/> S</p> <p><input type="checkbox"/> M</p> <p><input type="checkbox"/> L</p> <p><input type="checkbox"/> XL</p>
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For a Mandarin-speaking contact:
 Jason Tsai, (909)282-8000,
 jason.tsai@tacl.org

For a Taiwanese-speaking contact:
 Brian Tseng, (310)560-2088,
 brian.tseng@tacl.org

<p>Costs:</p> <p><input type="checkbox"/> \$225 mailed by July 15 _____</p> <p><input type="checkbox"/> \$270 mailed after July 15 _____</p> <p>Donations 😊 _____</p> <p>Total _____</p>	<p>Make checks payable to: Taiwanese American Citizens League 330 W. 11th Street, Suite 405 Los Angeles, CA 90015</p> <p>TACL is a nonprofit organization, all donations are tax-deductible</p> <p>CANCELLATIONS ARE SUBJECT TO A \$100 PENALTY</p>
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PLEASE READ AND SIGN LEASE AND MEDICAL RELEASE AUTHORIZATION:

I, the undersigned, hereby grant permission for the above-named participant(s) to attend the 2009 TACL-LID Summer Conference and to fully participate in the activities thereof. In order that my son/daughter/I may receive necessary medical treatment in the event of injury or illness, I hereby authorize any adult person, being an officer, director of the board, employee, staff member or volunteer of TACL, to treatment of diagnosis for the above named participant(s). As the parent or legal guardian of the above named participant(s), I am responsible for the health care decision of such participant(s) and am authorized to consent to the services to be rendered. I represent that my consent and agreement to pay for the above care of the above-named participant(s) is legal and that no consent from any other person is required by law, I hereby release and agree to hold harmless TACL and Pine Springs Ranch, and each of its officers, directors, employees, staff members and volunteers from any and all liability arising out of personal injury, property damage, or wrongful death resulting from: (I) the exercise of the authority granted herein, (II) the above-named participant(s) participation in the TACL-LID Summer Conference and (III) the negligence, both persuasive and active, or other acts, by any of the releases, and hereby waive, discharge and relinquish any action or causes of action which may hereafter arise out of such personal injury, property damage or wrongful death whether known or unknown.

Signature _____ Date _____

In case of emergency contact _____

Contact's Phone (____) _____ Contact's Cell Phone (____) _____