



東西方文化學院
EAST WEST INSTITUTE®

2010 Summer Programs Application Form

Student Details Page

* = Required Item

PART I - Student Information

* First Name: _____ M.I.: _____ * Last Name: _____
* Gender: _____ * DOB: _____

PART II - Parent/Guardian Details

Mother/Guardian Details

*Name: _____
Work Phone: _____ Cell Phone: _____
* Home Phone: _____ * Email: _____

Father/Guardian Details

*Name: _____
Work Phone: _____ Cell Phone: _____
* Home Phone: _____ * Email: _____

PART III - Student Address Information

*Address: _____
* City: _____
State _____ Zip (required for USA): _____
(required for USA): _____
Email: _____

Note: Application confirmations will be sent to this email address. You may also scan your signed application form, the Student and Parent Agreement, HOLD-HARMLESS AGREEMENT, HEALTH HISTORY AND CONSENT FORM, and PARENTAL INFORMED CONSENT AND RELEASE FORM below and then email us at mzhang@eastwest.us. Thanks.

Student and Parent Agreement (Signature required)

We have read the catalog describing the 2010 East West Institute summer program(s) for which the student is applying.

We agree that the student will follow all rules and guidelines for student conduct. We realize that East West Institute reserves the right to ask the student to leave the program for medical, disciplinary, or other reasons, at its sole discretion. If the student is asked to leave for disciplinary reasons, we understand that tuition will not be refunded. We understand that under extenuating circumstances it may be necessary for summer programs staff to search students' rooms and/or belongings unannounced, in the interest of the students' and others' safety and well-being.

Parents/Guardians:

I understand that:

- My tuition will be processed immediately upon receipt of my applications.
- The tuition about to be made will be refunded only if summer program is canceled, or if my child has documented medical reasons.
- The application fee will not be refunded in any case.
- I am responsible for the cost of repairing or replacing any property that my child damages at the site.
- I am responsible for any incidental expenses which are not covered by the tuition, room, and meals fees.
- I am responsible for any medical costs incurred by my child while enrolled in the program.
- I must have the Medical Form (HEALTH HISTORY AND CONSENT FORM) properly completed and returned to East West Institute by the appropriate deadline. I understand that my child will not be admitted to the program if the properly completed forms are not returned.

I give permission for:

- My child to participate in East West Institute sponsored trips off campus, including but not limited to class field trips. I understand that my child will be supervised by staff of East West Institute.
- My child will be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of his or her work broadcast or published.

I understand that East West Institute will exercise discretion regarding media contact.

Parent/Guardian Digital Signature:

Date: _____

2011 East West Institute (EWI) FORMS

**HEALTH HISTORY AND CONSENT FORM
PARENTAL INFORMED CONSENT AND RELEASE
INDEMNITY/HOLD-HARMLESS AGREEMENT**

I understand participation in the martial arts, fitness activities, languages, music, arts and crafts and other programs offered through the East West Institute, involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived and after carefully considering the risk involved, and in view of the fact that the East West Institute is an organization in which membership is voluntary, and having full confidence that precautions will be taken to ensure the safety and well-being of my (son/daughter), I have given _____ (name) my consent to participate in martial arts, fitness activities, languages, music, arts and crafts programs offered through the East West Institute, and:

RELEASE AND INDEMNIFICATION

I hereby release and waive any and all claims that I may have against martial arts, fitness activities, languages, music, arts and crafts programs offered through the East West Institute, and any of their affiliates, agents, servants, employees, officers, directors and volunteers.

_____ shall indemnify, hold free and harmless, assume liability for, and defend the East West Institute, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors from any and all costs and expenses, including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums that the East West Institute, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors incur as a result of any demand for claim or assertion of liability under any municipal, state or federal law or cause of action, including any action under the Americans with Disabilities Act, arising or alleged to have arisen out of any act or omission of, or any use of real or personal property belonging to, the East West Institute, and any of their affiliates, agents, servants, employees, officers, volunteers, and directors.

In case of emergency, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

This form must have a signature from a parent or guardian.

Signature

Telephone Number

Date

2010 East West Institute FORMS
HEALTH HISTORY AND CONSENT FORM
ADULT OR CHILD

You are about to take part in a challenge course experience and other activities offered through the East West Institute summer camp on _____ (date).

If any of the above activities are difficult for you, discuss your participation in the activity with your physician. If these are activities in which you regularly engage without difficulty, you should be fit for participation in the program.

Following are specific medical conditions about which participants should always seek the advice of a physician before participating in the activity:

- Pregnancy (climbing harness can injure uterus)
- Kidney or liver transplant (climbing harness can injure transplanted organ)
- Healing fracture or joint injury (should be cleared by treating physician)
- Recent surgery (should be cleared by treating physician)
- Down syndrome (should have x-ray check for neck instability, as per recommendation of the Special Olympics)

If you or your physician has any questions about the physical requirements of the activity, feel free to contact the local council.

HEALTH HISTORY

Name:			
	<i>First</i>	<i>Middle</i>	<i>Last</i>
Telephone:			
	Home	Work	
Personal Physician			Telephone
	<i>Name</i>		
In Case of Emergency, Please contact:		Telephone	
	<i>Name</i>		
Special Dietary Considerations:			
List Known Allergies:			
List Required Medications:			

If you are allergic to insect stings, do you have an insect sting kit (e.g. EpiPen)?								
Do you wear contact lenses?								
Are you pregnant?								
Have you had or do you now have (circle if yes):		Chest pains		Heart Attack		Diabetes	Asthma	Angina
		Epilepsy	Drug reactions		High blood pressure		Heart Murmur	
If you answered "yes" to any of the above, explain and include date:								
Do you have any other medical conditions that we should be aware of?								

HOLD HARMLESS AGREEMENT

I understand that participation in the activity involves a certain degree of risk that could result in injury or death. In consideration of the benefits to be derived, after carefully considering the risk involved, and in view of the fact that the East West Institute is an organization in which membership is voluntary or paid staff, I have carefully considered the risk involved and have given consent for myself (or my son or daughter) to participate in the activity, and waive all claims I or we may have against the East West Institute, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity.

I am not under the influence of any chemical substance, including alcohol. Understanding that any physical activity involves a risk of injury, I understand that my participation in the activity is entirely voluntary. I release the East West Institute, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation. This release does not, however, apply to any harm caused by negligence or willful misconduct of the local council or its employees.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Participant's signature* _____

Date: _____

* If the participant is under age 18, his or her parent or guardian must also sign below:

Parent's or guardian's signature: _____

Date: _____