

imagizoo魔法艺术夏令营登记表
imagizoo Summer Camp Registration Form

Week1	2025.7.14~2025.7.18	☐ 入营/Join
Week2	2025.7.21~2025.7.25	☐ 入营/Join
Week3	2025.7.28~2025.8.1	☐ 入营/Join
Week4	2025.8.4~2025.8.8	☐ 入营/Join
Week5	2025.8.11~2025.8.15	☐ 入营/Join

营员基本信息 / Children Information

姓名 / Full Name		年龄 / Age	
性别 / Gender		出生日期 / Date of Birth	
住址 / Address			
医疗保险号 / Health Insurance Number			

营员健康及过敏信息 / Health & Allergy Information

食物过敏 / Food allergies	
药物过敏 / Medication allergies	
其他健康状况 / Other medical conditions	
日常服药 / Daily medications	
家庭医生姓名及电话 / Family doctor name & phone	

家长/监护人信息 / Parent or Guardian Information

姓名 / Name	
手机号 / Phone Number	
电子邮件 / Email	
紧急联系人姓名 / Emergency Contact Name	
紧急联系人电话 / Emergency Contact Phone	
与孩子关系 / Relationship to Child	

摄影/宣传授权 / Photo & Media Consent

我同意imagizoo夏令营拍摄我孩子的照片或视频用于imagizoo宣传材料，包括网站、社交媒体、宣传册。

I give permission for Imagizoo Summer Camp to take photos and video of my child for promotional purposes (website, social media, brochures).

☐ 同意 / Yes ☐ 不同意 / No

家长同意书与免责协议 / Parent Consent & Liability Waiver

我，_____（家长姓名），作为_____（孩子姓名）的父母/监护人，特此声明：

I, _____ (Parent's Name), as the parent/guardian of _____ (child's Name), hereby declare that.

1. 我已知晓 Imagizoo 夏令营活动内容及相关风险，并同意孩子参加所有活动。

I am aware of the camp activities and potential risks, and I consent to my child's participation.

2. 我确认孩子身体健康，适合参加夏令营。

I confirm my child is in good health and fit to participate.

3. 我已如实告知imagizoo关于孩子的健康状况、药物、过敏源等信息。

I have provided accurate health, medication, and allergy information.

4. 在紧急情况下，我授权imagizoo夏令营工作人员采取必要的医疗措施，包括联系医生或急救服务。

In an emergency, I authorize camp staff to seek necessary medical attention, including calling a doctor or emergency services.

5. 我同意免除 Imagizoo 夏令营及其工作人员因合理组织活动所产生的任何责任，除非因重大过失或故意行为导致伤害。

I agree to release Imagizoo Summer Camp and its staff from liability for reasonable camp activities, except in cases of gross negligence or willful misconduct.