



CHINESE CLUB OF SAN MARINO 聖瑪利諾華協

2425 Huntington Drive, San Marino, CA 91108

Tel: (626)796-5190 Fax: (626)795-5180 Email: info@ccsm.org

FAMILY APPLICATION FORM 申請表 DATE 日期: _____

Complete one application form per family. Please email or mail back to address above. Form should be upon new information. **Please type or print clearly in English only.**

Membership is only for people living in San Marino school district or a registered business owner with a physical business located in San Marino. Qualifying family members are spouses, registered partners and children under 18. Annual Activates Membership is for people not living in San Marino School District.

Please provide a valid driver's license for ID verification.

\$500 Life Time Chinese Club Member 終身會員

\$50 Annual Chinese Club Member 年度會員

\$50 Annual Activities Member 年度活動學員

APPLICANT INFORMATION 申請人:

Last Name 姓氏: _____

First Name 名字: _____

Date of Birth 出生日期: _____ Sex 性別: _____

Profession 職業: _____ Employer 雇主: _____

Home Address 住家地址: _____

Work Address 工作地址: _____

Phone 電話 (Cell): _____ (H): _____ (W): _____

Email 電郵: _____

FAMILY INFORMATION 家人:

Spouse Name 配偶: _____ DOB 出生日期: _____
Last 姓氏, First 名字

Profession 職業: _____ Employer 雇主: _____

Child(ren) 孩子:

Name 名字(1): _____ DOB 出生日期: _____ School 學校: _____

Name 名字(2): _____ DOB 出生日期: _____ School 學校: _____

Name 名字(3): _____ DOB 出生日期: _____ School 學校: _____

Name 名字(4): _____ DOB 出生日期: _____ School 學校: _____

VOLUNTEER 志願者: PLEASE CHECK THE AREA WHERE YOU ARE INTERESTED TO VOLUNTEER FOR CCSM.

Activities 活動 Community Services 社區服務 Newsletter 通訊 Mid-Autumn Festival (MAF) 中秋節活動 Donation 捐款 Chinese School 中文學校

SIGNATURE 簽名:

Signature of applicant 申請人簽名: _____ Date 日期: _____

Signature of spouse 配偶簽名: _____ Date 日期: _____

-Office Use Only-

Cash Check # _____ Amount \$ _____ Membership Date _____

Payment Received on _____ Date Payment Received By _____ Print Name Signature _____



聖瑪利諾華人協會
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ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THESE EVENTS/WORKSHOPS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event/workshop holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Chinese Club of San Marino (CCSM) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;
- (B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that CCSM and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's First and Last Name Participant's Signature Date _____

Parent/Guardian's First and Last Name Signature(Please sign for minors, if participant is under 18 years old) Date _____

Contact Phone Numbers (1) _____ (2) _____