

**Chinese American Abacus Association**

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www.caaa-abacus.org

**TEACHER/ADULT PARTICIPANT - INFORMATION FORM 老師及團員資料**

- ☐ 2024 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition (Penang, Malaysia)
- ☐ 2024 TCOC International Mental Arithmetic Invitational Competition (New Taipei City, Taiwan)

Name (Last, First) _____		中文姓名 (if applicable) _____		DOB (MM/DD/YYYY) _____		Age _____	
Height (feet, inches) _____		Weight (lbs.) _____		Eye Color _____		Hair Color _____	
Residential Street Address _____		e: _____		Email address _____			
City _____		State _____		Zip Code _____		( ) - _____	
		( ) - _____		Home/Cellular Phone # _____			
Spouse's Name (Last, First) _____		配偶中文姓名 (if applicable) _____		Spouse's Cellular _____		Spouse's email address _____	

**Emergency Contacts & Information:**

Food and/or drug allergies: \_\_\_\_\_

 Doctor's Name \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Contact Number

- 1) \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Emergency Contact's Name Relationship Contact Number
- 2) \_\_\_\_\_ ( ) - \_\_\_\_\_  
 Emergency Contact's Name Relationship Contact Number

*In case of emergency, we will notify your spouse (if applicable) per the information provided in the top section of this form. Please list separate emergency contacts above (i.e. close friend, other relatives, etc.). If you have friends or family in the place of destination, please write in at least one such emergency contact.*

其他備註 Other Notes : \_\_\_\_\_

**Required Documents:**

(1) Photocopy of both sides of health insurance card

(2) One headshot 2" x 2" photo – (Scan & E-mail to CAAA [caaa.us@gmail.com](mailto:caaa.us@gmail.com))

\*\* Submission of the above is required for students and all accompanying family members. 以上交回資料包含參加學生和隨行家屬

Name(s) of Student(s): \_\_\_\_\_

Accompanying Children's Names: \_\_\_\_\_

**Adult Sizes:** XS, S, M, L, xL, 2L, 3L, 4L  
 T-Shirt Size (Circle one)

 Yes / no  
 Vegetarian

**\* WAIVER AND MEDICAL AUTHORIZATION FORM FOR ADULTS\***

\_\_\_\_\_  
Name (Last, First)

\_\_\_\_\_  
中文姓名 (if applicable)

I, the above-named participant, request voluntary participation for myself to participate in the Chinese American Abacus Association trip to:

- ☐ 2024 World City Cup – Abacus, Mental Arithmetic & Mathematics Competition (Penang, Malaysia)
- ☐ 2019 TCOC International Mental Arithmetic Invitational Competition (New Taipei City, Taiwan)

here after referred to as the “activity”. I understand that my participation may involve risk of serious injury or death, including losses which may result not only from my own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted. I understand that in attending this activity, unforeseen situations may arise, and I hold the Chinese American Abacus Association, its officers, teachers, staff, agents and other affiliated or related persons harmless from any and all liability or claims, particularly those for injury or losses, which may arise out of or in connection with my participation in this activity.

Knowing and understanding the risks involved with my participation in the activity, I hereby voluntarily and willingly assume full responsibility for all risks and dangers associated with said participation. I agree I am financially responsible for any losses resulting from my actions and will indemnify the Chinese American Abacus Association, its officers, teachers, staff, agents and other affiliated or related persons for any loss or damage caused by myself during this activity.

I certify that I am in good health and have no physical condition that would prevent participation in this activity. In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I have read the above statements and fully understand the meaning and consequences of the foregoing waiver and medical authorization. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Chinese American Abacus Association and its related agents is knowingly given up in return for my participation/attendance in the forenamed activity. In addition, I fully understand that participants are to abide by all rules and regulations governing conduct during the trip and that any violation of these rules and regulations may result in my being sent home at personal expense. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**REGARDING MEDICATIONS**

- All medications **must** be listed on this form. Please attach another sheet of paper, if necessary.
- Adults are responsible for the care and use of their own medications.
- ☐ Check here if there are **NO** special problems that staff should be aware of & **NO** medications are required on the trip.
- **Please list any medications you will bringing on the trip:**

Name of Medication	Indication/Reason for Use	Administration Instructions (dosage, frequency, etc)

Health Insurance Provider: \_\_\_\_\_

Policy & Group No.: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_