



2017 “汉语桥—美国高中生夏令营”教师申请表

Application Form for 2017 Chinese Bridge Summer Camp Chaperons

请用英文提供以下信息,并打印。/ Please provide following information and type in English.

1. 申请人情况/Personal information:

护照名/Passport Name: _____

姓/Last Name: _____

名/Given Name: _____

出生日期/Date of birth: _____

国籍/Nationality: _____ 性别/Gender: 男/Male 女/Female

护照号码/Passport #: _____

护照有效期/Passport Expiration Date: _____

职务/Position: _____ 单位/Institution: _____

工作地址/Work Address: _____

办公电话/Office Phone: _____ 传真/Fax: _____

办公邮件 Work Email: _____

使用语言情况/Which language(s) you can speak?

英语/English 汉语/Chinese 其他/Other

如果你选择“其他”，请说明。/If you choose “other”, please indicate. _____



2. 紧急联络人信息

联络人 1/Contact #1

姓名/Name: _____ 家庭电话/Home Phone: _____

办公电话/Office Phone: _____ 手机/Cell Phone: _____

联络人 2/Contact #2

姓名/Name: _____ 家庭电话/Home Phone: _____

办公电话/Office Phone: _____ 手机/Cell Phone: _____

3. 医疗信息/Medical Information

1) 你目前是否在接受治疗? /Are you currently receiving medical treatment?

是/Yes 否/No

如果是, 请说明/If yes, please indicate. _____

2) 你目前是否在接受心理咨询或治疗? /Are you currently receiving counseling or medication for any psychological or emotional conditions?

是/Yes 否/No

如果是, 请说明/If yes, please indicate. _____

3) 你是否有任何过敏? /Do you have any allergies?

是/Yes 否/No

如果是, 请说明/If yes, please indicate. _____

4. 项目背景/ Program Background

1) 是否到过中国? / Have you been to China before? 是/Yes 否/No

2) 是否参加过“汉语桥-美国高中生夏令营”项目? 哪年参加的? / Have you participated in the “Chinese Bridge-Summer Camp for U.S. High School Students” before?

是/Yes (when: _____) 否/No

5. 请附上个人简历/Please attach your CV (Please attach a separate sheet, minimum 150 words.)

申请人声明/Declaration of applicant:

我特此证明:/ I hereby certify that:

本表所填写的内容和提供的材料真实无误/ All the information on this form is true and correct.

申请人签字/Signature of Applicant: _____

日期/Date: _____

(手写/Handwriting)

Confucius Institute Supplemental Documents

Document 2. Assumption of Risk and Release Form for Study Abroad

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant: _____
(If applicant is under 18 years of age, a parent or legal guardian must also read and sign this form)

Date of Birth: _____

Program: Confucius Institute Chinese Bridge Summer Camp Program

Home Institution: _____

I hereby agree as follows:

- Risk of Study Abroad:** I understand that participation in the Confucius Institute at Cleveland State University's Program herein referred to as "the Program" and as specified above, involves risk not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places and conveyances; local medical services; local weather conditions; and other matters described on a separate Program Risk Advisory which I have received, reviewed, and initialed, and which is incorporated by reference in this Release Form. I have made my own investigation and am willing to accept these risks. It is each student responsibility to be on time, in Cleveland, at the preset departure point, and to have all necessary paperwork, for the international trip to China.
- Institutional Arrangements:** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out or any such matters.

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3. **Independent Activity:** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety:**
- A. I have consulted with a medical doctor with regard to my personal medical condition and needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.
 - B. I am aware of all the applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the US during the Program, the University is not responsible for the cost or quality of such treatment or care.
 - C. The University is not obligated to but may take any actions it considers warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. **Standards of Conduct:**
- A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards in each country to or through which I will travel during the Program.
 - B. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under such direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
 - C. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violation of these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, and other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled from the Program, I consent to being sent home at my own expense with no refund of fees.
 - D. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.
6. **Program Changes:** The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the Program may be cancelled due to insufficient number of students and that conditions may force a change in itinerary,

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schedules, and programs. I understand that the University's fees and program changes are based on current airfares, lodging rates, and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane or train or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination.

- 7. **Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the State of Ohio, Cleveland State University and its trustees, officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted.)
- 8. I understand that future Study Abroad Program promotional materials may include statements and /or photographs of participants, and I consent to the use of my comments and/or photographs.

I carefully have read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by Cleveland State University at its offices in Cleveland, Ohio and shall be governed by the laws of the State of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x _____
Signature of Applicant Date

I a) am the parent or legal guardian of the above Applicant; b) have read the foregoing Release Form (including such parts as may subject me to personal financial responsibility: c) am and will be legally responsible for the obligations and acts of the Applicant as described in this Release Form: and d) agree, for myself and for the Applicant, to be bound by these terms.

x _____
Signature of Parent/Legal Guardian of Applicant Date



Confucius Institute Supplemental Documents

Document 3. Photography and Material Release Form

I hereby give Cleveland State University permission to copyright, use, publish, and distribute in any medium and for any purpose the photographs including videos and still photographs taken, during my participation in the Confucius Institute Chinese Bridge Summer Camp Program, of me or in which I may be included with others and to use my name in connection with the photographs.

I hereby release Cleveland State University, as well as the photographer, from any and all claims and demands arising out of or in connection with the use of the photographs.

I certify that I hereby grant Cleveland State University and the Confucius Institute at CSU permission to use and distribute material that I submit to the Confucius Institute at CSU on a royalty-free basis for news and public-information purposes at the discretion of Cleveland State University and the Confucius Institute at CSU. Such uses include, but are not limited to, posting the material on the CSU and Confucius Institute at CSU Web site (thereby making it generally available to such outlets as news organizations, universities, teachers and the general public) and distributing the material to other Web sites for educational and/or informational purposes.

Student Name (Please Print)

Signature of Student

Date

Note: Under 18 years of age requires parent/legal guardian signature.

Signature Parent / Legal Guardian

Relationship

Date



Confucius Institute Supplemental Documents

Document 4. Medical Information Form for Study Abroad

Participant's Name (printed): _____

To be completed and signed by participant's physician.

1. Does the participant have allergies to medications? If so, please specify.

2. Does the participant have other allergies? If so, please specify.

3. Is the participant currently taking prescription medicine? If so, please specify.

This statement is to verify that _____ (participant's name) is in good health and able to participate in the activities of the Chinese Bridge Summer Camp Program for American High School Students.

Physician's Printed Name _____

Physician's Signature _____ **Date** _____

Address _____

City _____ **State** _____ **Zip Code** _____

Phone _____

Clinic, Hospital, or Physician's Office
Address Stamp

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Document 5. Extended Travel Permission & Medical Form – Participant

Participant's Name _____ Date _____
Name as printed on passport (**exact** spelling): _____
Group or Program _____
Destination _____
Departure and Return Dates _____

MEDICAL/EMERGENCY CONTACT INFORMATION (Please print)

Parent / Legal Guardian Name(s) _____
Participant's Age _____ Participant's Date of Birth _____
Phone numbers: Home _____
Father's Work _____ Father's Cell _____
Mother's Work _____ Mother's Cell _____

Contact person if parent / legal guardian cannot be reached (please list 2-3 people):

Name _____ Address _____
Relationship to participant _____
Phone numbers: Home _____
Work _____
Cell _____

Contact person if parent/guardian cannot be reached (please list 2-3 people):

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Name _____ Address _____

Relationship to student _____

Phone numbers: Home _____

Work _____

Cell _____

Contact person if parent/guardian cannot be reached (please list 2-3 people):

Name _____ Address _____

Relationship to student _____

Phone numbers: Home _____

Work _____

Cell _____

MEDICATION(S) student will be traveling with:

All prescription medication (with the exception of inhalers and EpiPens) will be collected prior to departure. Medication should be carried in the container in which it was dispensed (e.g. prescription bottle), including the drug's generic name and the prescribing physician's name. Note any special storage requirements (e.g. refrigeration). All medication will be held, dispensed and administered under the supervisions of a chaperon or administrative staff member. If additional space is needed, please attach a separate list.

Medication _____ Reason _____

Medication _____ Reason _____

Medication _____ Reason _____

May the student be given the following over-the-counter medications if needed?

Acetaminophen (Tylenol) Yes _____ No _____	Loperamida (Imodium) Yes _____ No _____
Pseudoephedrine (Sudafed) Yes _____ No _____	Dimenhydrinate (Dramamine) Yes _____ No _____
Ibuprofen (Advil/Motrin) Yes _____ No _____	Antacid (Tums, Mylanta) Yes _____ No _____

**Does the participant have ALLERGIES or health concerns that chaperons should be aware of?
Please be specific.**

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Are there any other drugs (prescription or nonprescription) that should NOT be administered? If so, please list.

Has the participant had any medical problems or illnesses during the last year? Please list.

Physician _____ Phone _____

Dentist _____ Phone _____

Date of Last Tetanus Shot (Must be within the past 5 years) _____

Medical Insurance Company _____ Policy Number _____

Participant's Name _____

In case of an emergency, every effort will be made to contact you or the persons that were listed as the emergency contacts. However, if all attempts are not successful, it is important that you grant permission for a licensed physician or accredited hospital and their associates to perform any medical/surgical procedures that are deemed necessary for the treatment of the named individual.

In the reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

Signature of Participant _____ Date _____

Signature of Parent / Legal Guardian _____ Date _____

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Document 6. Statement of Health Insurance for Study Abroad

The undersigned certifies that he/she has health and hospitalization insurance which is applicable overseas.

Participant Name (print) _____ SSN _____ - _____ - _____

Participant Signature _____ Date _____

Parent / Legal Guardian Signature _____

Insurance Provider _____

Group Number _____

Member Number _____

Claims Department phone number _____

Please attach photocopy of insurance card or other proof of enrollment in an appropriate health insurance program.

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