

# 2017 Arabic Culture Camp

Registration Form

June 5-24, 2017 \* 9am-4pm



## Registration Deadline: May 24, 2017

Mail this form, essay, waiver (back), and **\$30 Registration fee** to PAAC at 1601 East-West Rd, 4th Flr, Honolulu, HI 96848. For more information, contact Jason Shon, at 944-7782 or [hs@paachawaii.org](mailto:hs@paachawaii.org)

### **PLEASE PRINT CLEARLY**

Name \_\_\_\_\_ Email Address: \_\_\_\_\_

Grade (2016-17) \_\_\_\_\_ School \_\_\_\_\_

Home Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

**Write a short essay (minimum 250 words) on why you want to participate in the camp. Be sure to address the following questions:**

- **How have you been exposed to Arabic culture or language up to now?**
- **What aspect of Arabic culture are you interested in learning about?**

**NOTE:** Students who register for PAAC's 2017 Arabic Culture Camp must be available for all program days and are expected to be committed participants in the program. Please inform PAAC of any potential schedule conflicts below:

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**Student Waiver**

While participating in PAAC sponsored activities, behavior consistent with PAAC’s goals and image is expected. All students are expected to follow the school rules outlined in Chapter 19 concerning student conduct and general behavior by the Hawaii State Department of Education. Failure to do so will result in your being sent home, potentially at your own expense.

I understand the above conditions and agree to abide by them. \_\_\_\_\_  
Student Signature

**Approval of Parent or Guardian and Waiver of Claims**

I hereby approve the participation of \_\_\_\_\_ (name of child) in the Arabic Culture Camp.

I expressly waive any and all claims against the Pacific and Asian Affairs Council (PAAC), their respective board members, employees, agents, representatives and successors, arising from or in connection with any accident, injury, illness, or other damage that may be incurred by the aforementioned student or said person’s property in connection with or incident to his/her attendance in the Arabic Culture Camp.

**Emergency Medical Authorization**

In case of emergency, please call: \_\_\_\_\_ (name)  
\_\_\_\_\_ (relationship to student) \_\_\_\_\_ (phone #)

I hereby authorize the medical treatment of the student named above by any licensed physician in the event of a medical emergency. He/she is covered by the following health plan/insurance company:

Company/Plan Name: \_\_\_\_\_ Account # \_\_\_\_\_

**Photograph and Media Waiver**

I consent to allow photographs of my child participating in the Arabic Culture Camp be used for publicity or grant reporting purposes (for example, on the PAAC web page or in annual reports). I understand that newspaper or television media may be present at this event. I give permission for my child to appear in the newspaper or on television.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_