

2023 HMoob Language and Culture Camp

Please complete this form to register your child for camp. Registration is \$250 per student. We want to make this camp available for all students. If registration cost is a concern, please complete this registration form and contact Linda for scholarship opportunities at linda@ciasiabinc.org or 608-615-7117. Registration deadline is FRIDAY JULY 28TH!

Student Information

Name *

Date of Birth *

First Name

Last Name

Month Day Year

Gender *

Race *

School Attending in Fall 2023 *

Grade level in Fall 2023 *

Phone Number *

Best way(s) to contact student *

Please enter a valid phone number.

Student's Home Address *

Transportation plans *

Street Address

My child will need transportation provided by Cia Siab, Inc.
I will pick up and drop off my child at camp.

City

If your child will be picked up from camp, will there be anyone else besides a parent picking up your child? If yes, please list authorized pick-up person and phone number.

State / Province

Postal / Zip Code

Is this your child's first time attending HMoob Language and Culture Camp? *

Yes

No

Hmoob oral proficiency of child *

My child does not speak any Hmoob at home.

My child speaks a little bit of Hmoob at home.

My child speaks half Hmoob and half English.

My child speaks mostly Hmoob at home.

My child speaks Hmoob all the time at home.

T-Shirt Size *

Adult Small

Adult Medium

Adult Large

Adult XL

Adult 2X

Adult 3X

Are there special conditions for your child that the staff needs to know? If so please describe in the box below. If you have any concerns about your child, please email linda@ciasiabinc.org

Allergies, Medication, Medical Treatment

We ask that you provide medication, medical records, and/or authorize us to administer medication to your child according to their health to help us advocate for your child's safety and health while at camp.

Allergies

Does your child have any food allergies? If yes, list them below. (Please be specific - dairy, fruit, peanuts, fish, etc.) *

Does your child have any other type of allergy? If yes, list them below. (Please be specific - grass, dust, pollen bee, etc.) *

Medication

Does your child have any doctor prescribed medication that needs to be taken during the hours of 9:00 AM - 5:00 PM? If so, please describe what kind of medication, frequency needed, and/or any other details we need to know about the medication. We will require that the parent provides the prescription of the medication to evaluate the medication.* *

Do you authorize Cia Siab, Inc staff to administer over the counter medication for minor health issues (i.e. headache, stomach ache, itchiness, etc.) *

Yes, I authorize Cia Siab, Inc. staff to administer over the counter medication for my child.

No, I do not authorize Cia Siab, Inc. staff to administer over the counter medication for my child.

If yes, please select the over the counter medication authorized for Cia Siab, Inc. staff to administer for your child.

Advil or Ibuprofen

Antacids

Anti-Itch

Laxatives

Cough Drops

Motion Sickness pills

Benadryl

Claritin

Emergency Medical Treatment

In case of an illness or injury, please provide the following to assist with advocating for the appropriate care for your child.

Perferred Hospital *

Family Doctor *

Parent/Guardian information

Name *

Relationship to student *

First Name

Last Name

Phone Number *

Email *

Please enter a valid phone number.

example@example.com

Best time to contact: *

Emergency Contact

Name *

Relationship to student *

First Name

Last Name

Phone Number *

Best time to contact: *

Please enter a valid phone number.

Camp Registration Fee

Registration is \$250. We want to make this camp available for all students. If registration cost is a concern, please complete this registration form and contact Linda for scholarship opportunities at linda@ciasiabinc.org or 608-615-7117.

How will you be paying for your child's registration fee? *

I will send a check

I will pay with cash

Make checks payable to Cia Siab, Inc. Cash and checks can be mailed to OR dropped off at our office 1825 Sunset Ln. La Crosse, WI 54601 from 9am - 5pm M-F.

Terms & Conditions

I give permission for my child to participate in activities related to HMoob Language and Culture Camp at Cia Siab, Inc. on August 8th - August 17th, 2023 from 9:00am - 5:00pm Monday thru Friday.

I give permission to Cia Siab, Inc. employees to transport my child on program and field trips within driving and walking distance of Cia Siab, Inc. during normal operating hours. No additional permission slip is required.

I understand that media (photographs, articles, video footage, etc.) of Hmoob Language and Culture Camp may include my child, and I hereby give Cia Siab, Inc. permission to use such media for public relations and promotional purposes. I understand the images may be used in print publications, online publications, presentations, websites, and social media. I understand members of the news media invited to cover the program may take photos, videos, and quotations. I also understand that no royalty, fees, or other compensation shall become payable to me by reason of such use.

If you would NOT like your child's name or photo to be used in media coverage and/or promotional purposes, please send an email with your child's name, grade, and request to at linda@ciasiabinc.org.

I understand that in the event of an emergency affecting my child while participating in HMoob Language and Culture Camp at Cia Siab, Inc. a designated employee of Cia Siab, Inc. will attempt to contact me and inform me as soon as possible. In the event I cannot be reached at, I hereby give permission for my child to be treated or hospitalized by a licensed physician or hospital provided in this registration form. I hereby release Cia Siab, Inc. from any and all claims arising out of or in connection with the use of media related to this HMoob Language and Culture Camp for relations and promotions purposes, including any and all claims.

By signing below, I authorize that I am the parent or legal guardian of the child and give consent to the terms & conditions above.

Print Name *

Signature

First Name

Last Name
