

TYPA Summer 2022 Registration Form

20220119

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Submit this form to
info@typa.org.tw
before March 9.

2

Get A Q-up Number from "My TYPA" online:
Tiger Tots & TAS Families: March 14th 10:00am
All Members: March 16th 10:00am

3

Your form will be processed according to
the Q-up number you received from step 2
and payment along with a one time **\$800**
summer registration fee will be charged to
your pre-authorized credit card.

Name: _____ Phone Number: _____ Grade (in fall): _____

TYPA Family ID #: _____

Please check your choice(s) in the box

Program	Day Camp	Tech Camp	Film Camp	Basketball Camp
Ages (Grades)	6 - 12 (Gr: 1 - 7)	6 - 12 (Gr: 1 - 7)	11 - 13 (Gr: 6 - 8)	8 - 13 (Gr: 3 - 8)
Time (Mon - Fri)	9:00am - 4:00pm	9:00am - 4:00pm	1:00pm - 3:30pm	9:00am - 4:00pm
Cost	\$12,000 / week	\$24,000 / week	\$14,000 / 2 weeks	\$12,000 / week
Dates	<i>Lunch Provided</i>	<i>Lunch Provided</i>		<i>Lunch Provided</i>
6/06 – 6/10 Week 1	SC01 <input type="checkbox"/>	SK01 <input type="checkbox"/> Weather & Climate	SF01 <input type="checkbox"/>	
6/13 – 6/17 Week 2	SC02 <input type="checkbox"/>	SK02 <input type="checkbox"/> Transportation and Navigation		
6/20 – 6/24 Week 3	SC03 <input type="checkbox"/>	SK03 <input type="checkbox"/> Health and Wearable Technology		
6/27 – 7/01 Week 4	SC04 <input type="checkbox"/>	SK04 <input type="checkbox"/> Weather & Climate		
7/04 – 7/08 Week 5	SC05 <input type="checkbox"/>	SK05 <input type="checkbox"/> Transportation and Navigation		
7/11 – 7/15 Week 6	SC06 <input type="checkbox"/>	SK06 <input type="checkbox"/> Health and Wearable Technology		
7/18 – 7/22 Week 7	SC07 <input type="checkbox"/>	*SK01 = SK04 *SK02 = SK05 *SK03 = SK06		
7/25 – 7/29 Week 8	SC08 <input type="checkbox"/>			
8/1 – 8/5 Week 9				SS01 <input type="checkbox"/>
Summer Tennis 6/6 - 8/5 9am-5pm <input type="checkbox"/>	Summer Tennis (Private/Semi-private) - Arrangements can be made by emailing dates/times to info@typa.org.tw . Summer Tennis lessons will be held on TAS indoor and/or outdoor tennis courts. Lessons may be canceled or relocated due to conflict with TAS activities. Please take this into consideration when signing up for summer tennis. (No refunds or credits will be given after May 26.)			

* **A Medical History Form** must be completed at the time of registration if the participant has any special conditions such as allergies and other medical issues TYPA should be aware of.

I hereby acknowledge that I have read and understood the below TYPA Summer Program policies and I agree to all terms and conditions.

Parent's Signature: _____ Date: _____

TYPA Summer Program Policy:

TYPA carries liability insurance for all participants only on TAS and Tiger Tots Place campuses where TYPA activities are held. TYPA does **not** carry personal medical and accident insurance which is deemed to be a personal family responsibility. In case of accident, parents will be notified immediately using the contact information on file in the TYPA office and hereby grant permission to have the participant taken to the TAS Nurse's office, Taipei Veterans General Hospital or another nearby accredited hospital or clinic for emergency treatment. Recognizing that despite the best efforts of TYPA to ensure the safety of the above named member, accidents may occur and the participants may need first aid or medical treatment, including the services of the TAS nursing staff, we the undersigned do hereby waive, and agree to waive, any and all claims we may have against TYPA, TAS, their officers, employees, directors and representatives arising from, or in connection with, any TYPA activity and any injury and/or treatment therefrom. **We agree that our Child's opportunity to attend the TYPA activities is contingent at all times upon the Child and all other members of our family honoring the standards for civility, courtesy, and respect toward other students, faculty, and staff as embodied in the TYPA's values of honesty, respect, responsibility, kindness and courage, in all cases as determined by TYPA in its sole discretion.**

Cancellation policy: A \$1,000 processing fee will be charged for each week withdrawn. Withdrawals or schedule changes will only take effect if you inform the office at least 7 days prior to the week your child will be involved in. Please consider this when signing up for multiple summer camp weeks. If there is a day where our program is canceled due to unforeseen circumstances (i.e. typhoon), there will be no refund, credit, or make-up day. If a second day is canceled within the same week, a prorated refund will be given.

Taipei Youth Program Association

Authorization of Credit Card Payment



ATTENTION: For confidential and security reasons we suggest you bring this form to the TYPA office in person. If you would like to submit it via email, please send partial numbers only and we will contact you to get the remaining numbers.

My TYPA Family Member Number:

Father's Name: _____ Mother's Name: _____

Name of Card Holder (full name in print): _____

ID Number (Passport or Local ID): _____

Address: _____

Home Phone Number: _____ Mobile Phone Number: _____

Credit Card Number:

Expiry Date: (mm/yy) Card Type: _____ (VISA / MASTER/ JCB)

CVV Number (the last 3 digits number on the reverse side):

Issue Bank: _____

TYPA has my authorization to charge the credit card listed above to pay and only pay for my family's TYPA fees. The transaction will be valid when the E-Registration form sent by me via email to TYPA is received acknowledging my agreement to pay my credit card bill. If there is a refund, it will be issued according to the TYPA policy. Refunds may incur a processing fee and registration fee, which will be deducted from the cost. All payments made by credit card can only be refunded to the card itself.

Signature: _____ Date: _____
(identical with card signature)

* Member should inform TYPA of the valid date when card is renewed.



Taipei Youth Program Association Medical History Form

Child's Name: _____ M ___ F ___ Date of Birth: _____

Parent or Guardian: _____ Phone Number: _____

If unable to contact parents

Emergency Contact: _____ Phone Number: _____

Illnesses and Health Problems

Check if your child has had the following:

Allergies _____ Diabetes _____ Heart Disease _____ Seizures _____

Information regarding this problem: _____

Any previous injuries or surgery? _____

Any special health-related needs of the child? _____

Any medications your child takes on a regular basis?

Parent's Signature: _____ Date: _____