

# 中美珠心算學會 CHINESE AMERICAN ABACUS ASSOCIATION

## 中文學校珠心算教師專業研習報名表

### Teachers' Training Program Application Form



APPLICANT INFORMATION		
Last Name 姓	First Name 名	M.I.
Chinese Name 中文		Gender 性別 M F
Street Address 地址		
City	State	ZIP
Home Phone 電話號碼 ( )	Cell Phone ( )	
E-mail Address 電子郵件		
Emergency Contact #1 緊急聯絡人	Name	Relationship
	Tel ( )	
Emergency Contact #2 緊急聯絡人	Name	Relationship
	Tel ( )	
<i>Please list dietary restrictions, food/drug allergies, and medical conditions that should be noted:</i>		
<b>EDUCATION 學歷</b>		
<i>If currently in high school:</i>		
High School	School Grade in Fall 2013 10 11 12	
<i>If currently in college/university:</i>		
Institution	Concentration	
<i>If graduated:</i>		
Degree(s) Earned		
<i>Abacus or Mental Math Background :</i>		
Abacus Level 珠算 :		Mental Math Level 心算:

<b>WORK/PROFESSIONAL EXPERIENCES 經歷</b>	
<i>Duration</i>	<i>Description</i>

<b>TEACHING EXPERIENCE 教學經驗</b>		
<i>At Chinese School:</i>		
Chinese School Name	Principal	Are you currently teaching at this school? YES      NO
Chinese School Name	Principal	Are you currently teaching at this school? YES      NO
Chinese School Name	Principal	Are you currently teaching at this school? YES      NO
<i>At center(s) other than Chinese School, please list below:</i>		

<b>REFERENCE</b>	
<i>For high school/college student applicants, your referring CAAA teacher:</i>	
Chinese Name	English Name

<b>WAIVER/RELEASE OF LIABILITY AND SIGNATURE</b>	
I hereby agree to indemnify and hold harmless CAAA, its director and associated personnel from and against any and all liability for any injury which may be suffered in connection with participation in CAAA-sanctioned activities or on its premises. I do herewith waive, release and forever discharge CAAA, its director, teachers and other volunteer staff.	
Signature	Date
Parent or Guardian Signature <i>(if minor)</i>	

<b>FOR ADMINISTRATIVE USE ONLY:</b>		
Application received by:	Application complete? Yes      No	Check #