

**CHINESE AMERICAN MIGRATION HISTORY STUDY-TOUR, MAY 26-JUNE 10/15, 2009**  
**REGISTRATION**

**Name:** \_\_\_\_\_  
*Last Name First Name Middle Name (Chinese, if available)*

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

Passport No: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

**University/College:** \_\_\_\_\_ **Class level:** \_\_\_\_\_ **Major:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone No:** \_\_\_\_\_

**Chinese language ability:** yes \_\_\_ no \_\_\_ in speaking \_\_\_ listening \_\_\_ reading \_\_\_ writing \_\_\_

**Roommate Request:** Please indicate your roommate's name: \_\_\_\_\_

**Ethnic Chinese Heritage Background:** Please identify if available/possible

\_\_\_ Southeast Asians of Chinese ancestry:

\_\_\_ Cambodian Chinese American \_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

\_\_\_ Laotian Chinese American \_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

\_\_\_ Vietnamese Chinese American \_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

\_\_\_ Cantonese Chinese American \_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

\_\_\_ Hakka-Chinese American \_\_\_\_\_ Paternal \_\_\_\_\_ Maternal

\_\_\_ Chinese American of non-Cantonese heritage (specify): \_\_\_\_\_

**Family Lineage:** If available, please identify your ancestral locale in China

**PATERNAL:** \_\_\_\_\_  
(Chinese names: father / grandfather County/District/City/Town Village)

**MATERNAL:** \_\_\_\_\_  
(Chinese name: mother or her father County/District/City/Town Village)

**Passport and Visa Information:** You are personally responsible for (1) obtaining or updating your passport and (2) applying for a visa to go to China. For your convenience, we have included a visa application in this packet. The Consulate General of the People's Republic of China is located at 1450 Laguna (cross street is Geary Blvd.). The process formally takes 4 working days and you will need to leave your passport with them. Non-U.S.citizen must also apply for Hong Kong entry visa for the group flight.

**Checklist (Return the following items by March 5, 2009):**

- \_\_\_ Registration, Emergency Contact, Physician's statement and Liability Waiver forms
- \_\_\_ Payment \$150 for service gratuities to driver & escorts 10/day & gifts to local hosts;  
*Please make payment payable to Marlon K. Hom (will provide expenditure report)*

**CHINESE AMERICAN MIGRATION HISTORY STUDY-TOUR, MAY 26-JUNE 10/15, 2009  
LIABILITY WAIVER**

**GENERAL RELEASE OF LIABILITY**

FOR VALUABLE CONSIDERATION RECEIVED,

(Your name) \_\_\_\_\_  
(hereinafter "Participant"), acknowledges and agrees to the following:

1. Participant seeks to participate in the Tertiary Migration History Tour ("Tour"), which is tentatively scheduled to occur from May 26 through June 10/15, 2009.
2. Participant hereby acknowledges that the Chinese Cultural Education Foundation 中國文化教育基金會 (Beijing) and the Office of the Guangdong Overseas Chinese Affairs 廣東省僑務辦公室 are sole sponsors of the Tour in providing appropriate supervision or planning of the Tour, safety or functionality of transportation to the advertised site of instruction, meals, housing, and transportation, or any of the representations made of the Tour.
3. Participant, his or her agents, employees, heirs, and assigns, hereby releases Marlon K. Hom, Minh Hoa Ta, their agents, employees, heirs, and assigns from any and all claims, including but not limited to property damage and bodily injury, which have or may arise from Participant's participation in the Tour, including but not limited to all travel to and from Hong Kong, and Guangdong, China, any optional side trips, whether organized by the Tour or not, and residing at the site of instruction. Participant acknowledges that he or she has read Section 1542 of the Civil Code and hereby waives any rights created under Section 1542. Civil Code Section 1542 provides:

"A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which is known by him must have materially effected his settlement with the debtor."

DATED:

PARTICIPANT

\_\_\_\_\_

\_\_\_\_\_

**CHINESE AMERICAN MIGRATION HISTORY STUDY-TOUR, MAY 26-JUNE 10/15, 2009**  
**EMERGENCY CONTACT**

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 Last Name

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 First Name

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 Middle Name

**IN CASE OF EMERGENCY, PLEASE CONTACT:**

*Please note that you are personally responsible for obtaining and/or updating all medical immunizations and shots deemed necessary by your health provider.*

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 Name

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 Relationship

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 Address

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 Telephone (+ Area Code)

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 Health Insurance Plan

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 Medical Record Number

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 Family Physician

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 Address of Physician or Affiliated Hospital

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 Telephone (+ Area Code)

*Please list any medical circumstances for emergency preparedness (such as diabetes, hypertension, migraine headaches, allergies to food or medicine, current medications, etc.).*

*Since the summer travel-study program requires extensive physical activities, certain health concern/condition may not be conducive to your participation. You may need to consult your medical physician for travel advisory (see page 4).*

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

