**“雏鹰计划”2021夏令营报名表**

标\*号处为必须填项，学生姓名、性别、身份证号用于办理保险使用，务必跟户口薄信息一致

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 2021营期 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \*姓名 |  | | | | | | \*性别 | | | |  | | | \*出生日期：  年 月 日 | | | | | | | | | | | | | 两 寸    照 片 |
| \*身高（cm) |  | | | | | | \*体重(kg) | | | |  | | | \*民族 | | | | |  | | | | | | | |
| \*身份证号 |  |  |  | | |  | |  |  |  | |  |  | |  |  |  |  | |  | |  | |  |  |  |
| \*家庭详细地址 |  | | | | | | | | | | | | | | | 邮编 | | | |  | | | | | | |
| \*是否有以下情况（请勾选） | | | | | 厌学🞎 叛逆🞎 自闭🞎 情绪化🞎 生活自理能力差🞎 压抑🞎  自私🞎 其他🞎\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| \*是否有食物过敏 | | | | | 有◎ 无◎ | | | | | | | | | 过敏食物 | | | | | | | | |  | | | | |
| \*是否有药物过敏 | | | | | 有◎ 无◎ | | | | | | | | | 过敏药物 | | | | | | | | |  | | | | |
| \*是否对动物有过敏情况，若有请说明 | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| \*是否定期治疗，若有，请说明 | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| \***有无身体心理疾病史，是否动过手术？（如果患有传染性疾病、哮喘、心脏病、癫痫等疾病，建议不要参加此次夏令营）** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \***紧急联络人** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | **\*第一紧急联络人** | | | | | | | | | | | | | | | | | **\*第二紧急联络人** | | | | | | |
| **\*姓名** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
| **\*与营员关系** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
| **\*身份证号** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |
| **\*手机号码** | | | |  | | | | | | | | | | | | | | | | |  | | | | | | |

**敬请如实填写健康状况，若因隐瞒实际健康情况而导致的意外，本夏令营将不承担相关责任。**