



West Valley Chinese Language School 西谷中文學校
Registration, Emergency Contact & Medical Information for
Adult Classes
2010 – 2011 School Year

M F

Last Name

First and Middle Name

Name in Chinese

(([]))

Home Phone

(([]))

Other Phone (Specify Work or Cell)

Address (Street, City, ZIP Code)

Parents	Former	Parents of	Community
	Students	Former students	

Please indicate WVCLS Affiliation in the box above

Email

普通話拼音班 Putonghua Pin Yin (\$350/yr)
普通話商業用語班 Putonghua Business Conversation (\$350/yr)
太極班 Tai Chi (suggested donation \$100/yr)

Please Circle the Class for which you wish to register.

Checks payable to WVCLS

Alternative Emergency Contacts

Primary Emergency Contact

(([]))

Home Phone

(([]))

Cell or Work Phone

Secondary Emergency Contact

(([]))

Home Phone

(([]))

Cell or work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for me and waive my right to informed consent of treatment. This waiver applies only in the even that neither listed contact can be reached in the case of an emergency.

Print Name & Signature

Date

Waiver of Liability and Disclaimer

To induce West Valley Chinese Language School (hereafter, the School) to accept registration and/or permit participation in the School by the named individual(s) on this form, I hereby give consent and agree to release, indemnify, and hold harmless the School, its employees, board members, officers, directors, lessors, representatives, and sponsors (hereafter, the Released Parties) from and against any negligence and/or claim for liability arising out of injuries or conditions to the named individual(s) or damage to the named individuals' properties caused in, or aggravated by, (1) any manner including the simple, active, or passive negligence of the Released Parties, or (2) refusal to obtain available medical treatment based on religious or philosophical beliefs or otherwise.

I also understand that the named individual(s), by being present at the School and/or by participating in volunteer activities, adult classes, and/or any group programs of the School on and off the School campus, will abide by all national rules and regulations, by-laws, and philosophies of the School.

Signed: _____ Date: _____

Fees, Refund and Withdrawal Policies

1. NO refund if the withdrawal is of voluntary basis.
2. Subject to the approval of the Board, a partial refund would be consider if the withdraw request is due to medical or hardship situation. A 10% service charge will be deducted.
3. A service charge of \$25 on all returned checks.
4. In the event that the School cancels a class, a full refund will be mailed to registered students within 2 weeks of class cancellation.
5. For late sign ups, the tuition will still be applied in its entirety.