

# Winter 2019 Fun Mandarin Registration Form

## Child Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## Parent/Guardian Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

## Course Fee

The fee will cover textbooks and other teaching materials. Please check the amount you will pay.

	fee	
regular price	\$333 including tax	<input type="checkbox"/>
10% off the regular price (for the second child from the same family)	\$300 including tax	<input type="checkbox"/>

## Method of Payment

**REGISTRATION MUST INCLUDE FULL PAYMENT.**

- Cheque: Make checks payable to **Saint Mary's University**  
 Debit     VISA     Master Card     American Express

For security sake, please inform us your credit card number, expired date and cardholder's name through phone (902-496-8255)

## Parental Consent & Release of Liability

A parental Consent Form (on next page) must be completed for each participant BEFORE the start of the class.

For Office Use Only			
Date Processed:	Processed by:	Payment method:	Consent Form signed <input type="checkbox"/> Yes <input type="checkbox"/> No

## PARENTAL CONSENT & RELEASE OF LIABILITY

To: Winter 2019 Fun Mandarin, Confucius Institute at Saint Mary's University (the "Organizer")

IN CONSIDERATION OF the Child named below (the "Child") being permitted to participate in Fun Mandarin recreational and classroom activities (the "Activities"), I, \_\_\_\_\_ (please print) the undersigned parent or legal guardian of the Child, on behalf of myself, my heirs, executors, administrators and assigns, hereby:

1. Acknowledge that certain risks of injury are inherent to participation in Fun Mandarin and understand that serious injury, and even death, is possible in such participation and may result from the Child's actions, the actions or interactions of others, or a combination of both.
2. Give permission for the Child to participate in the Activities and assume all liability for risk of or harm to the Child associated with such participation.
3. Release and forever discharge and hold harmless the Organizer and its staff, employees, agents, representatives, successors and assigns (collectively the "Releasees") of and from any and all liability, claims, demands, damages, costs, expenses, legal costs, actions, and causes of action (collectively, the "Claims") in respect of death, injury, loss or damage to the Child, arising or to arise by reason of, and/or during, the Child's participation in the Activities.
4. Consent to any Releasee administering, or consenting to the administration of, such emergency medical care to the Child as such person deems appropriate in the circumstances; including transportation to a medical facility by ambulance, as deemed necessary, at my expense.
5. Understand and acknowledge that the Organizer does not carry or maintain medical or disability insurance coverage for the Child, and therefore agree to assume responsibility for insurance coverage for the Child.
6. Give permission to have photos of my child taken during the classes and used in future promotional literature of Confucius Institute programs and on Confucius Institute's website. The child's name will not be used.

**I HEREBY ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS DOCUMENT AND THAT IT CONTAINS A RELEASE OF LIABILITY.**

\_\_\_\_\_  
Name of Child (please print)

\_\_\_\_\_  
Signature of Parent

Name of Child's Physician: \_\_\_\_\_

Telephone Number of Child's Physician: \_\_\_\_\_

### **Alternate Contact in Case of Emergency**

Name: \_\_\_\_\_

Relationship to the Child: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_