

Chinese After School Program

Glenwood Elementary School, 2 Prestwick Rd, Chapel Hill, NC 27517

Registration Form

First Name (in English & Chinese): _____

Last Name: _____

Sex: ____ **DOB:** ____/____/____ (mm/dd/yyyy), **grade** _____

Name of regular school attended _____

Home Address: _____ **Home #:** _____

Mother: _____ **Work #:** _____ **Cell #:** _____

WeChat ID (optional) _____ **Email:** _____

Father: _____ **Work #:** _____ **Cell #:** _____

WeChat ID (optional) _____ **Email:** _____

Local Emergency Contact: (other than parent/guardian)

Name: _____ **Phone:** _____

Child's Physician: _____ **Location:** _____

Medical Insurance Carrier: _____ **Policy or Group ID #:** _____

In the event your child gets accidental injury during our program, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent immediately and/or call 911 or take the child to the nearest hospital. We may also notify the physician listed on the medical information. Any expenses incurred for the above actions will be the responsibility of the parent, not the school and its staffs.

I hereby authorize the after school Program and its staff members to take full charge of any emergency that may possibly occur. I will not hold the school and any staff member liable in case of accidents or injuries.

Comments/drop off location if applicable _____

Parent Signature _____ **Date:** _____

Please email your signed form to admin@aiac.us, pay \$50 registration fee via Zelle (admin@aiac.us: ASAC) or mail your signed form and a check[made payable to ASAC] of \$40 registration fee to 306 Laurens way, Chapel Hill, NC 27516

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM
For American School of Asian Culture
all programs and activities

I, _____ [Participant's Name], hereby assume all of the risks of participating in any and all activities associated with the American School of Asian Culture (as ASAC) .

I certify that I am the parent/guardian of the child enrolled in ASAC's program and that the child is physically fit, has sufficiently prepared or trained for participation in this activity, and has not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude the child's participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by ASAC's program and activity holders, sponsors, and organizers of the activity in which my child may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my child's enrollment and permitting him/her to participate in ASAC's program, I hereby take action for myself, my child, our executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my child's death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to my child including my child's traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: ASAC and/or their directors, officers, employees, volunteers, representatives, and agents, and the programs, activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of my child's participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that the ASAC's program may involve physical activity and carries with it the potential for injury and property loss. The risks include, but are not limited to, those caused by physical activity, weather, condition of participants, equipment, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while my child is participating in this activity, he/she may be photographed. I agree to allow my child's photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Signed [Parent/Guardian's Name]: _____ Date: _____

Printed [Parent/Guardian's Name]: _____