

Registration Form

Student Name: _____ 中文姓名: _____

Birthday: _____ / _____ / _____ Sex: _____ Grade: _____

School: _____ City: _____

Home Address: _____

Mother Name: _____ Cell: _____

Mother's Employer: _____ Work Phone: _____

Father's Name: _____ Cell: _____

Father's Employer: _____ Work Phone: _____

E - mail : _____ Home Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical Insurance Company: _____ Policy Number: _____

List all medical limitations and special conditions (allergies to medicine or food, asthma, etc.) :

Liability Release

I , the undersigned, in consideration of participation in the programs offered by Sun Flower Academy (the "Program"), I agree to indemnify and release the Program from any injuries which may be suffered by Sun Flower Academy, arising out of, or in any way connected with participation in the classes or activities offered by the Program, except to the extent attributable to willful act or active negligence of the Program or its officers, staff, agents or employees. I hereby give my permission to allow my child/ren _____ to participate in a variety of trips that would involve taking children outside of Sun Flower Academy in private vehicles for his/her benefit of learning experience. I , the undersigned, as the parent/guardian, acknowledge that the above named child(s) is being enrolled in a program that consists of academic, entertaining and recreational components, and that the Program is Not a childcare. I ACKNOWLEDGE THAT I HAVE READ THE ABOVE AGREEMENT AND RELEASE, AND FULLY UNDERSTAND THAT I HAVE ASSUMED ALL THE RISKS FOR INJURY THAT MAY INVOLVE IN THE ACTIVITIES OFFERED BY THE PROGRAM." By signing on The line below, I hereby release the Sun Flower Academy and its contracted drivers from any and all liability/responsibility /injury from its transportation program for after-school pickups and all fieldtrips." I hereby further authorize the Program as my agent for the above named child to consent to any medical diagnosis or treatment and hospital care rendered by and under the general supervision and advice of a licensed physician or surgeon in case of accident or illness during the session of any classes or activities offered by the Program.

_____ / _____ / _____
Print Name *Signature* *mm* *dd* *yyyy*