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Best Friends Chinese School (Learning Center) Registration Form

Participant's Full Name (中/英名字): _____
(First name, Last name)

Date of Birth (出生日期): _____ Grade: _____ Sex (性別): Girl Boy

Name of School: _____ Home Phone: _____

Address (地址): _____
(Number and Street) (City) (Zip code)

Parent or Guardian (家長姓名): _____
(Dad) (Mom)

Dad's work phone: _____ Mom's work phone: _____

Dad's Cell: _____ Mom's Cell: _____

E-Mail: _____

Allergies (食物過敏): _____

Special Needs: _____

Liability Waiver

I _____ (initial) give my permission for above kid to participate in Best Friends Chinese School (Learning Center) Program. I will not hold Best Friends Chinese School (Learning Center) or any staff member liable in case of accidents or injuries.

As a parent or legal guardian, I understand that my child's participation in the program involves risk of personal injury. Therefore, on behalf of my child, spouse/partner and myself, I hereby release and covenant to hold harmless the Best Friends Chinese School (Learning Center), its agents, contractors, tenants, volunteers, members, officers, directors and employees of and from any and all actions, claims and damages for personal injuries, emotional distress, disabilities, or death that my child/children or any other family members have or may have sustained as result of participation in this program. I agree to take full responsibility for my child(ren) to obey Best Friends Chinese School (Learning Center) rules. If necessary, I authorize Best Friend Chinese School (Learning Center) to seek emergency medical treatment for my child at an available medical facility at my own expense. In the event that I should observe any unsafe personal conduct or unsafe physical condition on the premises of Best Friends Chinese School (Learning Center), I agree to report the unsafe conduct or condition to a Best Friends Chinese School (Learning Center) representative as soon as possible.

I understand that this undersigned is also made on regarding to the student car pool shuttle service in between drivers and parents exclusively. (i) Parent/Guardian "Waives any and all claims against the "Driver" and Best Friends Chinese School (Learning School), if the car accident happened to cause student's injury, illness or even death during, by reason of the shuttle services provided. (ii) If in the event of illness or injury, Parent/Guardian consents to whatever medical treatment and hospital care that are considered necessary in the best judgment of the attending physician, surgeon or dentist, and the undersigned student's parent agrees to PAY IN FULL for such medical care whether or not the costs are insured by your health insurance.

Parent/Legal Guardian's Signature: _____ Date: _____

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TEL: (510)683-9088. (510) 824-0467

Equal Opportunity Service Provider Notice: Best Friends Learning Center is an equal opportunity service provider, dedicated to a policy of non-discrimination in its services on any basis including race, color, religion, sex, national origin, the presence of mental, physical or sensory disability, sexual orientation, or any other basis prohibited by federal, state or provincial law.