

Chinese Academy of Memphis

孟菲斯中文学院

Registration Form

Student's Information

Chinese name 中文姓名		*English Name *英文姓名	
*Gender *性别		*Birth Year/ Birth Month *出生年/月	
*Chinese Level *中文水平		*Home Phone *住宅电话	
*Home Address *街道住址		*City, Zip code *城市, 邮编	
High School Name and Grade		Home Room Teacher	
Email(电子信箱)			

Parents' Information:

* Father English Name *父亲英文姓名		* Mother English Name *母亲英文姓名	
Father Chinese name 父亲中文姓名		Mother Chinese name 母亲中文姓名	
Father Employer 父亲工作单位		Mother Employer 母亲工作单位	
Father Office Phone 父亲单位电话		Mother Office Phone 母亲单位电话	
Father Occupation 父亲工作		Mother's Occupation 母亲工作	
* Parent's Email *父亲电子信箱	Primary:		
* Parent's Email *父母亲电子信箱	Backup:		
<input type="checkbox"/> Chinese from Mainland China <input type="checkbox"/> White <input type="checkbox"/> other <input type="checkbox"/> Chinese from Taiwan/Hong Kong <input type="checkbox"/> African-American		<input type="checkbox"/> Chinese from Mainland China <input type="checkbox"/> White <input type="checkbox"/> other <input type="checkbox"/> Chinese from Taiwan/Hong Kong <input type="checkbox"/> African-American	
You can speak[], read[], write[] Mandarin[]/ Cantonese[] Chinese		You can speak[], read[], write[] Mandarin[]/ Cantonese[] Chinese	

Liability Waiver

In consideration of myself or my child listed above being permitted to participate in any indoor/outdoor Chinese Academy of Memphis activities held, I, the undersigned, do for myself, my heirs, and personal representatives, and/or for the heirs, and personal representatives of my child agree to indemnify and hold harmless and release Chinese Academy of Memphis (CAM), its host facilities and its officers, agents or employees, whether individuals or in their capacity as officers, agents or employees of Chinese Academy of Memphis from and against all claims of injury, accidents, illness or other things unexpected occurring during and/due to the school hours and other school activities.

If I am the parent or guardian of a minor child who will be participating in the Chinese Academy of Memphis, then I shall be personally responsible and liable for the conduct of said child and am executing this waiver and indemnity as a parent or guardian and legal custodian of said child.

I also fully understand that my participation in the Chinese Academy of Memphis and other related activities is totally voluntary and that I am not required to participate.

*Signature of Student: _____ *Signature of Parent or Guardian _____

Date of Signed: _____

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EMERGENCY AUTHORIZATION

EMERGENCY AUTHORIZATION: In the event that I cannot be reached in an emergency, I hereby give permission to the principal, assistant principals, or the personnel designated by the Chinese Academy of Memphis to secure proper emergency treatment for my child as named above.

Ordinarily I can be reached at: Phone (_____)_____; mobile phone: (_____)_____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

(1) Name: _____ Relationship: _____
Phone: (_____)_____; mobile phone: (_____)_____;

(2) Name: _____ Relationship: _____
Phone: (_____)_____; mobile phone: (_____)_____;

Family doctor: _____ Phone: (_____)_____

Address _____

Student Health Information Form

Allergies	Medication to be taken while attending CAM?	Any medical problems?

*Name of Parent or Guardian (Print) _____

*Signature of Parent or Guardian _____

*Date signed _____

School use only

School Year	Pre-test/Class enrolled	Tuition and fee	Notice

Accountant: _____

Principal: _____