

WaHaHa Youth Club Registration Form
娃哈哈青少年俱乐部报名表 WahahaYouthClub@gmail.com

English Name	Chinese Name	Gender	DOB(mm/dd/yyyy)	Regular School & Grade
		M / F	/ /	
		M / F	/ /	
		M / F	/ /	
Parent Name	Cell Phone	Company		E-mail Address
	()			
	()			
Home Address		Home Phone		Parents' Specialty
Emergency Contact	Home Phone	Cell Phone		Work Phone
	()	()		()

关于报名表的说明

Explanation of the Registration Form

1. 请完整清晰填写报名表中有项目，并签署各项有关附表。

Please complete the registration form clearly and sign the other related forms as well.

2. 注册费每个家庭每年\$25，从每年九月开始起算。

Registration fee is \$25 per year per family. Membership needs to renew every September.

3. 我们鼓励每个家庭积极做义工. 要求每个家庭每年至少完成 10 个小时义工. 如在年底（每年 8 月底）不能完成，按照每个小时\$20 结算。

We encourage every family to provide volunteer hours. 10 hours are minimum requirement for each family. Any shortage in the volunteer time provided by any family at the end of August needs to be paid at \$20/hour.

4. 任何退还支票将需付给俱乐部\$30 手续费。

Any returned check has to pay \$30 to "WYC" for administration fee.

Signature _____ **Date** _____

Wahaha Youth Club

1. Students Medical Information

Child's doctor _____ Phone _____ Hospital preference _____

Does your child have any life threatening allergies? _____ To what _____

Are there any health concerns or conditions that we should know about? _____

2. Consent to Photograph/Video

I give permission to WYC that my child(ren) can be included in pictures and videos related to WYC programs and activities. Such photographs and audio/visual recordings can be used in WYC publications or advertising materials.

3. Waiver and Release from Liability.

I hereby give my permission and consent for my child _____ to participate in the programs at Wahaha Youth Club (WYC). Children will be supervised while they are having activities with the club. I understand that WYC will take every precaution and care to ensure children's safety. Teachers and volunteers will provide proper supervision and will exercise every precaution to avoid accidents. I hereby release WYC, and all adult leaders from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during my child's participation in the programs at WYC.

I hereby give my permission and consent for WYC to take my child _____ to nearest doctor/hospital should in case of a medical emergency, and the doctor on call, or the doctor contacted, have my full permission to treat or render emergency care.

4. Property Loss.

Participant understands and agrees that WYC is not responsible for personal property that is lost, damaged, or stolen in connection with this activity.

PLEASE READ CAREFULLY. THIS DOCUMENT CONTAINS A RELEASE AND WAIVER OF LIABILITY.

I have read and voluntarily signed this Waiver and Release of Liability.

Signature _____ Date _____