

**Pui Tak Center – Kidz Company
Registration Form**

Student Name: (First) _____ (Last) _____

Birthday: _____(M)_____ (D)_____ (Y) Age: _____ Sex: Female Male

First-time in Pui Tak Center program: Yes No

Current School: _____ Grade in 2017/2018: _____

Home Address: _____ City _____ Zip Code _____

Parent/Guardian Name: _____ Day Time Phone: _____ Email: _____

Emergency Contact : _____ Phone: _____ Relationship: _____

Your Child’s medical details that our staff should be aware of (including medication and allergies):

Please select your program preference:

Tutoring Class

Mandarin Class

English Class

Fall Session

Spring Session

Program Fee: \$ _____

General Information

- Return registration form and payment in person or by mail to: Pui Tak Center, 2216 S. Wentworth Ave, Chicago, IL. 60616.
- Make check payable to **Pui Tak Center** and write the student’s name and program selection on the check.
- All program fees are non-refundable.
- PTC reserves the right to cancel or re-arrange any program due to low enrollment. If the program is cancelled, the program fee will be refunded by check.
- For inquiries: contact Mrs. Karen Lee at (312) 328-1188 or email at karenlee@puitak.org

PERMISSION & EMERGENCY RELEASE

As parent/legal guardian of _____ (“Participant”), I give permission for my child to attend the Pui Tak Center’s Kidz Company programs.

I agree that my child will abide by the program’s rules and regulations. I understand that Pui Tak Center is a church-based community center and will teach my child Christian values and principles. I give permission for Pui Tak Center to take photos of my child for Pui Tak Center and program-related publicity.

I acknowledge that participation in the activity described above involves risk to the Participant, and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in the activity described above (the “Activity”), the parent/guardian acknowledges and accepts the risks of injury associated with participation in the Activity. The parent/guardian accepts personal financial responsibility for any injury or other loss sustained during the Activity, as well as for any medical treatment rendered to the Participant that is authorized by **Pui Tak Center** or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the “Activity Sponsor”). Further, the parent/guardian releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of the described Activity, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise.

I understand that all reasonable safety precautions will be taken at all times by **Pui Tak Center** and its agents during events and activities. I authorize any medical treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold **Pui Tak Center**, its board, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this release.

Parent/Guardian Name (Please Print)

Parent/Guardian’s Signature

Date

培德中心-綠苗天地
報名表

學生英文姓名: (名) _____ (姓) _____

出生日期: _____ (月) _____ (日) _____ (年) 年齡: _____ 性別: 女 男

曾否參加過培德中心課程: 是 否

目前就讀學校名稱: _____ 將升讀年級 2017/2018: _____

住址: _____ 城市 _____ 郵區號碼 _____

家長/監護人: _____ 電話(日): _____ 電郵: _____

緊急聯絡人: _____ 電話: _____ 與學生的關係: _____

您需要本校教職員知道貴子弟的醫療情況(包括藥物)如下:

請就下列時間表，選出您的意願:

	補習/輔導班	國語班	英語學習班
秋季	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
春季	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

課程費用: \$ _____

報名手續及須知:

- 報名表交回或寄往培德中心: Pui Tak Center, 2216 S Wentworth Ave, Chicago, IL 60616.
- 支票抬頭寫上 'Pui Tak Center', 並在支票備註欄寫上該學生的姓名和課程
- 課程費用恕不退還
- 培德中心有權取消任何課程。如果課程被取消, 該課程的學費將以支票形式寄回退款
- 查詢: 請聯繫李施美娟, 電話號碼 (312) 328-1188 或電子郵件 karenlee@puitak.org

許可書及緊急授權免責書

本人為 _____ (“參加者”) 的家長/監護人, 現允許我的孩子參加培德中心 - 綠苗天地 “活動” 本人同意自己的孩子遵守在培德中心課程的程序規章。本人了解培德中心是一所以教會為基礎的社區中心和會教導我的孩子基督教價值觀和原則。本人亦同意孩子的照片或影像給培德中心作任何項目相關的宣傳之用。

本人確認 “參加者” (和 “參加者” 的家長或監護人, 如 “參加者” 是未成年的話) 參與上述活動所涉及的風險並可能導致各種損傷, 包括但不限於以下內容: 疾病、身體受傷、死亡, 精神傷害、個人傷害、財物損失和經濟損失。

在考慮參與上述 “活動” 時, “參加者” (或 “參加者” 的家長或監護人, 如果 “參加者” 是未成年的話) 認同並接受在 “活動” 裡或 “活動” 往返交通途中可能遭致的損傷風險。“參加者” (或家長/監護人) 接受在 “活動” 裡或 “活動” 往返交通途中, 因任何受傷或其他損失以及 “參加者” 接受培德中心雇員、義工或任何其他代表 (下文統稱為 “活動贊助者”) 給予任何醫療照護而要負的個人財務責任。

本人明白在任何時候, 培德中心及其代理人在賽事和活動裡, 將採取一切合理的安全措施。本人授權認可的醫院和/或醫生在緊急情況下進行必須的醫療照護。本人明白可能發生無法預知的危險並瞭解風險的可能性。基於免責書的聲明, 本人同意不會因損害、損失、疾病或受傷而要求培德中心各領袖、各雇員及義工負責任。

家長/監護人姓名

家長/監護人簽名

日期