

# SAT, PSAT class

## Registration form

**First Name (in English & Chinese):** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Sex:** \_\_\_ **DOB:** \_\_\_ / \_\_\_ / \_\_\_ (mm/dd/yyyy), **regular school** \_\_\_\_\_ **grade** \_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Mother:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Father:** \_\_\_\_\_ **Home #:** \_\_\_\_\_ **Work #:** \_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Mother Email:** \_\_\_\_\_ **Father email:** \_\_\_\_\_

**Local Emergency Contact: (other than parent/guardian)**

**Name:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Medical Insurance Carrier:** \_\_\_\_\_ **Policy or Group ID #:** \_\_\_\_\_

### Parental Consent, Release and Liability Waiver Form

In the event your child gets accidental injury during our program, we will notify the parent immediately. If emergency treatment is necessary, we will notify the parent immediately and/or call 911 or take the child to the nearest hospital. We may also notify the physician listed on the medical information. Any expenses incurred for the above actions will be the responsibility of the parent, not the school and its staffs.

I hereby authorize the camp and its staff members to take full charge of any emergency that may possibly occur. I will not hold the school and any staff member liable in case of accidents or injuries.

\_\_\_\_ I give permission for photographs and digital images of my child and/or his/her work to be used without compensation by American School of Asian Culture for web pages, advertising and/or promotional purposes. By signing below, I am expressly release American school of Asian Culture, its agents, employees, licensees and assignees from any and all claims which I may have for privacy, right of publicity, defamation, copyright infringement, distribution, broadcast or exhibition of such photographs and digital images.

\_\_\_ I do not give permission for photographs and digital images of my child and/or his/her work to be used without compensation by American Scholl of Asian Culture for web pages, advertising and/or promotional purposes.

-----  
Class registered (please circle): June 18 – 29, Aug6-17

Registration fee ..... \$35  
Deposit ..... \$100

Total: ..... \_\_\_\_\_

Please attach a check made payable to **ASAC** and mail to **306 Laurens Way, Chapel Hill, NC 27516**.  
Once registration is confirmed, registration and deposit fee are non-refundable/non-transferable under any circumstance.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_