

華心藝術學校

Huaxin School of Arts Oil Painting Class Registration Form 2010

One Form per Child (每位學生一份)

Tuition Received by: _____

Check#: _____ \$: _____

Date: _____

Greater Boston Chinese Culture Association

437 Cherry Street,
West Newton, MA 02465
Tel: 617-332-0377
<http://www.gbcca.org>

Father Chinese Name (中文姓名) _____

English Name (英文姓名) _____

Mother Chinese Name (中文姓名) _____

English Name (英文姓名) _____

Address (地址) _____

City _____ State: _____ Zip Code: _____

Home Phone (電話) _____ Cell Phone (手機) _____

Email (電郵) _____

Student Chinese Name (中文姓名) _____

Student English Name (英文姓名) _____

Date of Birth (出生日期) _____ Gender (性別) (M/F) _____

Please check the session you want to attend:

Spring: 4/19-4/23

Summer: 7/5-7/9, 7/12-7/16, 7/19-7/23, 7/26-7/30

Tuition: \$360/Session for GBCCA member, \$380/Session for Non-GBCCA member

Please make check payable to **Huaxin School of Arts**

Liability Waiver

As a parent or legal guardian, I understand that my child's participation in the aforesaid 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 Greater Boston Chinese Cultural Association (GBCCA), 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. Further, I agree to take full financial responsibility for any damage to the GBCCA facilities and equipment caused by my family members or myself. I agree to take full responsibility for my child(ren) to obey GBCCA rules. If necessary, I authorize GBCCA 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 GBCCA, I agree to report the unsafe conduct or condition to a GBCCA representative as soon as possible.

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