Bainbridge Chinese Culture & Arts

P.O. Box 11681, Bainbridge Island, WA 98110

Workshop Registration Form

(Please send this form with payment to the address above)

Workshop:	Date:	Time:
Student's name:		
Age:	Gender: M F	

Contact Information –

Address:

Phone#: (home) (cell)

E-mail:

Parent/Legal Guardian (required if student is a minor) –

Name:

Phone# (home & cell):

E-mail

Emergency Contact –

Name: Phone#:

Family Physician: Phone #:

Medical Disclaimer: (required if student is a minor)
As the parent or legal guardian of the above named student, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. I hereby authorize Bainbridge Chinese Culture & Arts and its staffs to act on my behalf in accordance with their best judgment in any emergency requiring medical attention. I hereby waive and release Bainbridge Chinese Culture & Arts, its board members and its staffs from any and all liabilities for any injuries or illness incurred by my child while participating in Bainbridge Chinese Culture & Arts activities.

Signature of Parent/Legal Guardian: _____

Date: _____