

2024 ACT/SAT 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 an 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 staff.

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 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 School of Asian Culture for web pages, advertising and/or promotional purposes.

| | |
|------------------------|-------|
| Registration fee | \$50 |
| Deposit | \$300 |
| Total: | _____ |

Please email the signed form to admin@asac-nc.org Zelle pay \$50 registration fee plus \$300 deposit (admin@asac-nc.org: ASAC) or mail the form and a check[made payable to **ASAC**] of \$50 registration fee plus \$300 deposit, to 306 Laurens way, Chapel Hill, NC 27516
Once registration is confirmed, registration and deposit fees are non-refundable/non-transferable under any circumstance.

Parent Signature _____ Date: _____