



Xilin North Chinese Education Center

Registration Form 2010 -- 2011 school year

** New Student: (Yes ___ or No ___)

Fall 2010___ Spring 2011___

PARTICIPANT NAME	CHINESE	BIRTH DATE		GENDER: M F	GRADE (FALL 10):
	ENGLISH				
FATHER NAME		MOTHER NAME			
ADDRESS					
PHONE		E-MAIL			
EMERGENCY CONTACT		EMERGENCY PHONE			
REGISTERED CLASS(ES)					
CLASS CODE	CLASS NAME	TIME	FEE	TEXT BOOK FEE	OFFICE USE
TOTAL TUITION FEE: \$ _____ TEXT BOOK FEE: \$ _____ SNACK FEE (APPLIED TO ALL STUDENTS) : \$ 5.00 _____ SUBTOTAL: \$ _____ LATE REGISTER FEE : \$ _____					
POD DEPOSIT PAID AND COMPLETED 2 HRS VOLUNTEER IN SCHOOL YEAR OF 2009– 2010, YES: () OR NO () ; IF NO, POD DEPOSIT: \$ _____ <div style="text-align: right;"><small>(OFFICE USE ONLY)</small></div>					
Qualify POD* for discount: Yes () or No () On-site Discount ONLY \$ _____					
(OFFICE ONLY) CHECK NO: _____ DATE: _____ RECEIVED BY: _____ TOTAL FEE: \$ _____					

Make Checks/Money Orders Payable to: **Xilin NCEC**
 Mail to: **Xilin North Chinese Education Center, P. O. Box 5070 Vernon Hills, IL 60061**

Registration Waiver and Release

Please read this form carefully and be aware that, by registering for and for participating in Xilin North Chinese Education Center ("Xilin") program, you are releasing all claims for injuries arising out of these programs that you or your child or ward who is a named student might sustain. In registering for these programs, you are agreeing as follows:

As a student (or the parent or guardian of the a minor participant) in these programs, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume that full risk of any damages or loss which I (or my minor child or ward) may sustain as a result of participating, in any manner, in any and all activities connected with or associated with such programs. I further recognize and acknowledge that all athletic activities involving strenuous exertion or potential body contact are hazardous recreational activities and involve substantial risk of injury.

I agree to release, waive and relinquish any and all claims I (or my minor child or ward) may have as a result of participating in these programs against Xilin, any and all officer, Xilin employees and LFA employees, and any and all other persons and entities of whatever nature, that might be directly or indirectly liable for any injuries that I (or my minor child or ward) might sustains as a result of participating in these programs, Xilin provision of, or failure to provide, proper instructions or supervision, the use and adjustment of any and all machinery, equipment, and apparatus, and anything related to my use (or the use by my minor child or ward) of the services, facilities, or premises involved in these programs, and transportation to and from an events.

I understand the nature of the programs for which I am registering, either individually or on behalf of my minor child or ward and have read and fully understand this waiver and release of all claims. I further understand that any advisements or warnings of the particular risks of these programs that I or my minor child or ward subsequently receives will be incorporated by reference into and become a part of this Agreement.

I acknowledge that Xilin NCEC staff or helper may photograph participants in Xilin NCEC program, classes, and events that the Xilin NCEC may publish any of these photographs in its brochures, catalogues, pamphlets, flyer or website. I hereby consent to the Xilin NECE taking and publishing photograph of me or my minor child or ward.

Student Name (Print): _____

Parents Name (Print): _____ Parent Signature: _____ Date: _____