

# RECA Chinese Language Class and Activity Enrollment Form

Please use a separate form for each student enrolling  
Please make checks payable to RECA CHINESE SCHOOL, send to RECA School, PO Box 7854, Santa Rosa, CA 95407

Name of student: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Alternate phone during class time: \_\_\_\_\_

Parent's or guardian's name (if under 18): \_\_\_\_\_ e-mail: \_\_\_\_\_

## CLASS and ACTIVITY PREFERENCE

- Beginning Mandarin (5-10 yrs old) Saturday 9:00-11:30
- Continuing Mandarin for children: Saturday 9:00-11:30
- Intermediate Mandarin for children and teens who have the basics and want to improve Saturday 9:00-11:30
- Adult and older teen class for all levels. Focuses in functional abilities, Saturday 9:00-11:30**
- Children's Chinese Culture Camp. Camp is one week during the summer, dates TBA. for children 5-10 years old**
- Cultural Dance program     Adult Chorus     Youth Group     Other \_\_\_\_\_

\_\_\_\_ I agree to photo clearance. Many official and unofficial photos are taken during RECA activities. I agree that photos of me and my family, while participating in RECA activities and events, may be taken, used, published and displayed. \_\_\_\_ I do not agree.

## WAIVER OF LIABILITY

In consideration of the acceptance of my application for the REDWOOD EMPIRE CHINESE ASSOCIATION Chinese School, I do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against the RECA Chinese School or their responsible officers, directors, agents, representatives, successors, and/or assigns for any and all damages which may be sustained and suffered by me in connection with my said / or arising out of my traveling to, participating in and returning from said activities.

Signature: \_\_\_\_\_ Parent or guardian signature: \_\_\_\_\_

Required for adult students (over 18)

Required for students under age 18



## EMERGENCY INSTRUCTIONS

Required for children under 18, optional for adults

Parent/ Guardian: \_\_\_\_\_ Telephone if different from above: \_\_\_\_\_

Alternate name to call in emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this student have any physical ailments (such as diabetes, allergies, asthma, etc.) or does this student take medication during class time (Saturday 9:00-12:00 a.m.)

If yes, describe

\_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION

Required for children under 18, optional for adults

I, hereby, give permission to RECA to obtain the services of a physician to provide prompt emergency medical treatment for (student) \_\_\_\_\_ should the need arise.

Medical insurance carrier: \_\_\_\_\_

Medical insurance number: \_\_\_\_\_

Other instructions: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Required for children under 18