



Heart Strings Mandarin

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Fall #2 Session 2015 Registration Form

Child's First Name _____ Child's Last Name _____

Date of Birth _____ Male/Female ____

Parent/Legal Guardian First and Last Name _____

Phone _____ Cell _____ Email _____

Full Address _____

Please enroll my child in the following class: (choose one). Cost: \$60 for 6 classes

- Saturdays 11.10 a.m. (10/31 - 12/12; no class 11/28)
- Mondays 10.50 a.m. (11/2 - 12/7)

Theme: Animals & Parts of our Body

Location: Binkley Baptist Church/Binkley Preschool (Room17), 1712 Willow Dr, Chapel Hill, NC27514

How did you hear about the class?

- Preview Class – where? _____ Flyer – where? _____
- Friend – who? _____ Website
- Listserve – which? _____ Other _____

I agree to the policies listed on www.HeartStringsMandarin.com .

Parent/Legal Guardian Signature _____ Date _____

*Kindly complete a separate registration form if you wish to register another child.
Make check payable to Heart Strings Mandarin. Mail completed and signed forms (registration and liability/consent form) and check to: Heart Strings Mandarin, 116 Dixie Dr, Chapel Hill, NC27514.

A nonrefundable deposit of \$10 is required to secure your spot in the class. Remaining amount is due at the first class after which no refunds are given.



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Waiver of Liability

I agree to waive Heart Strings Mandarin (HSM), Sharon Gan, and Binkley Baptist Church, of all claim for personal injury, property damage and/or losses, that may arise from use of the facilities before, during, and after HSM classes.

I fully understand that HSM classes involve movement and instrument playing and it is my personal responsibility to determine whether I (and my child) am able to participate in the program and to monitor my (and my child's) level of activity. I accept responsibility for my safety and the safety of my children at the class location before, during, and after HSM classes.

I grant permission to HSM to email me program information and updates related only to HSM. All information obtained from my enrollment is not shared, sold, rented, leased, or released to any third party for any reason.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature _____

Child(ren) Name(s) _____

(please list all children that will be present at classes)

Date _____

Media Release

I hereby grant HSM and Sharon Gan permission to use photographs, recordings for news releases and/or educational materials including but not limited to: printed publications or materials, electronic publications, or website.

I understand that by signing this, I waive all ownership rights to material obtained, and release HSM and Sharon Gan from all claims, demands, damages, actions or causes of action of any natures whatsoever, arising or to arise from the use of any aforementioned photographs and recordings.

Parent/Legal Guardian Name (print) _____

Parent/Legal Guardian Signature _____

Child(ren) Name(s) _____

(please list all children that will be present at classes)

Date _____