



NEW ENERGY EDUCATION CENTER

新力教育中心

REGISTRATION FORM

Name: _____ Date of Birth _____ Gender: _____

Address: _____

Current School: _____ Grade of child(ren): _____

Tel: (H) _____ (W) _____ (C) _____

Email: _____

Emergency Contact Person(s): _____ Relationship: _____

Emergency Contact Phone: (H) _____ (W) _____ (C) _____

PLEASE LIST ANY MEDICAL OR OTHER INFORMATION PERTAINING TO YOUR ABILITY TO PARTICIPATE IN THIS PROGRAM:

I am registering in the New Energy Education Center program, and hereby express release and hold harmless to the Company, its servants, agents, or employees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including the negligence of them and any loss of theft of personal property as a result of my participation in this program. I further agree to allow the program to use photographs or video taken during the participation for future promotion purposes. I also agree to comply with the Rules and Regulations provided. **Once the class starts, there will be no refund available. I have read this agreement, fully understand its terms, understand that I have given up substantial rights by signing it and signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liabilities to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.**

SIGNATURE

TODAY'S DATE

Program: _____ Class Schedule: _____

Tuition: \$ _____ Receipt No. _____

Received by: _____