

Toronto Mandarin School  
**Registration Form (adults)**

<b>OFFICE USE ONLY</b>
Center _____
Start Date _____
Class Time _____
Course ID _____

**STUDENT INFORMATION:**

Student Name: \_\_\_\_\_ Gender (M/F): \_\_\_\_ Date of Birth: \_\_\_\_ MM \_\_\_\_ Date \_\_\_\_ Year  
Street: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Company currently working (if applicable): \_\_\_\_\_

**PROGRAM CHOICES:**

**Please select a location:**     North York Center     Downtown Center

**Please select a program:**     Mandarin Immersion     Private Lesson     HSK Preparation

Mandarin for Cantonese Speakers (1, 2, 3)     Business Mandarin (1, 2, 3)

Live Mandarin <sup>TM</sup> -----

A: Beginner (1, 2, 3)    B: Functional (4, 5, 6)    C: Intermediate (7, 8, 9)    D: Advanced (10, 11, 12)

**Please select a time:**

Weekday Evening Class(6:30pm-8:30pm)-----A: Mon/Wed    B: Tue/Thu

Weekday daytime class(9:30am-12:30pm)-----A: Monday Morning    B: Wednesday Morning

Weekend Class -----A: Sat. Morning    B: Sat. Afternoon    C: Sun. Morning    D: Sun. Afternoon

**HOW DO YOU KNOW US:**

Flyers     Open House     MingPao Ad     Friends     Google search     Others

**EMERGENCY/ALTERNATIVE CONTACT:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

**Informed Consent:** In consideration of my attendance and participation at the Toronto Mandarin School's program, I, the undersigned, hereby acknowledge that certain risks of injury are inherent in participation activities. I agree that TMS, I, and its directors, officers, employees or agents shall not be liable to any loss or damage to my personal property arising from, or in any way resulting from, my participation in these activities, unless such injury, loss or damage is caused by the sole negligence TMS and its directors, officers, agents and employees while acting within the scope of their duties.

I understand that I am responsible for informing TMS and its directors, officers, agents and employees of any medical conditions at the time of registration or acquires prior to the week in which I am enrolled. In the event of emergency, I hereby give permission to the physician selected by TMS and its directors, officers, agents and employees to secure proper medical treatment and/or order injections and/or anesthesia for me. I give consent to myself being interviewed, filmed, videotaped, photographed by the media, employees, agents or servants of the TMS on during the time of my attendance and participation at the TMS.

**Disclaimer:** The information collected here is solely for the school administration purpose and will not be shared with any third party.

\_\_\_\_\_  
(Signature )

\_\_\_\_\_  
(Date Signed)