

Registration Form (adults)

OFFICE USE ONLY
Name: _____
#: _____
Date started: _____
Class: _____

STUDENT INFORMATION:

Student Name: _____ Gender (M/F): _____ Date of Birth: ____MM____Date____ Year
 Street: _____ City: _____ Post Code: _____
 Home Telephone: _____ Work Telephone: _____
 Cell phone: _____ Company currently working: _____

PROGRAM CHOICES:

- Conversational Mandarin -----A: for Cantonese speakers----- B: for English speakers
 Business Mandarin Chinese Culture Introduction
 Mandarin Immersion Program (please indicate the frequency of the classes and length of the study)

Please also make a selection:

- Saturday ----- A: morning class B: afternoon class C: evening class
 Sunday -----A: morning class B: afternoon class C: evening class
 Weekday Evening -----A: (Mon/Wed) B: (Tue/Thu)
 Weekday daytime class(please indicate details) : _____

HOW DO YOU KNOW US:

- Flyers Open House Advertisement on newspaper Friends Website

PAYMENT METHOD:

- Check Cash Credit Card Other

EMERGENCY CONTACT:

Contact Name: _____ Home Telephone: _____ Cell Phone: _____
 Work Telephone: _____ Relationship _____

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 it 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 de 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 content 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.

 (Signature)

 (Date Signed)