

芝加哥西北郊中文學校 **CNSCS**
成人班註冊單 **ADULT CLASS REGISTRATION FORM**

- The adult class fee structure is divided into two parts: one is the participation fee paid to the school (this form); the other is the instructor's fee if an instructor is present.
- Unless marked with * in front of the class title below, the instructor's fee is decided by the instructor and is paid to the instructor directly.
- CNSCS reserves the rights to limit the number of participants based on capacity and security concern and may increase the participation fee at school board's discretion. Parent member has privilege over non-parent member to enroll in the program if capacity is limited.
- **Please be sure to read the waiver statement and sign your name below.**

Participant Name: (Chinese) _____ (English) _____

Address: _____

Email: _____

Telephone: (Home) _____ (Cell) _____

Do you have any children who are currently enrolled in CNSCS?

Yes _____: Pay the participation fee listed in the column of "Parent". Registration Date: _____

No _____: Pay the participation fee listed in the column of "Non-Parent".

Adult Class 成人班		Time 時間	Parent 家長	Non-Parent 非家長	Participation Fee (Paid to School)	Instructor Fee (Please pay Instructor)
*Badminton	*羽毛球	09:10 am - 11:20 am	\$40	\$50		No Instructor
*Basketball	*籃球	09:10 am - 11:20 am	\$40	\$50		No Instructor
Chinese Conversation	中文會話	10:20 am - 11:20 am	\$20	\$25		\$160 (16 sessions)
Chinese Dance	中國舞蹈	10:20 am - 11:20 am	\$20	\$25		\$80 (16 sessions)
Dance Sports	舞蹈, 韻律操	9:10 am - 10:10 am	\$20	\$25		\$80 (16 sessions)
Erhu	二胡	10:20 am - 11:20 am	\$20	\$25		\$30 per session
*Table Tennis	*桌球	09:10 am - 11:20 am	\$20	\$25		No Instructor
Tai Chi	太極拳	10:30 am - 11:30 am	\$20	\$25		\$100 (16 sessions)
Yoga	瑜珈	09:10 am - 10:10 am	\$20	\$25		\$80 (16 sessions)
Chorus	合唱	TBA	\$10	\$12		(8 sessions) Instructor Fee: TBA
Martial Art	武術	TBA				

Total Amount Paid to CNSCS: \$ _____

Check Number: _____

I here release, discharge, and agree to waive the Chicago Northwest Suburban Chinese School (CNSCS), its legal representatives or assignees, and all persons acting under its permission or authority, from any liability whatsoever for any and all claims of any nature which may arise out of my attendance at the school and all its activities and functions as scheduled in the school calendar or otherwise provided by the school. This release covers me and any member of my family. In case of emergency, I authorize CNSCS officials to secure any licensed hospital or physician to perform the medical treatment deemed necessary and agree that I will be responsible for all expenses incurred.

簽名 (Signature): _____ 日期 (Date): _____

For Office Use Only: Amount Received: \$ _____ Received By: _____