

Registration Form注册表 (2022-2023)

Student Information 学生信息:

Name 姓名 _____ Sex 性别 _____ Age 年龄 _____ D.O.B 出生日期 _____

Name 姓名 _____ Sex 性别 _____ Age 年龄 _____ D.O.B 出生日期 _____

Name 姓名 _____ Sex 性别 _____ Age 年龄 _____ D.O.B 出生日期 _____

In Case of Emergency Notify 救护通知人 _____ Phone 电话 _____

Are there any medical conditions to which we should be alerted? 有任何医疗状况需通知本中心? _____

_____ Student' School 学生所在学校 _____

Mom's or Dad's Name 联系人 (父亲或母亲) 姓名 _____ Phone 电话 _____

WeChat 微信 (required) _____ How know us 如何知道我们 _____

Class Information 课程信息

Class 课程 _____ Age group 年龄组 _____ Date 日期 _____ Time 时间 _____

Class 课程 _____ Age group 年龄组 _____ Date 日期 _____ Time 时间 _____

Class 课程 _____ Age group 年龄组 _____ Date 日期 _____ Time 时间 _____

Payment Information (Non-refundable) 学费信息 (学费不退款, 课时须在本学期内完成, 逾期作废)

Alipay 支付宝 _____ WeChat 微信 _____ Others 其他方式 _____ Date 日期 _____

Registration Fee 注册费 ¥ _____ Tuition 学费 ¥ _____ Total 总价 ¥ _____ Session 学期 _____

Acknowledgement of Risk and Waiver of Liability 免责声明

I agree that I am aware that my son or daughter named above will be engaging in physical exercise involving various sports, coordination events, and fitness training which could cause injury to him/her. I agree that my son or daughter is voluntarily participating in these activities and is assuming all risks of injury that might occur as a result thereof. I hereby agree to waive any claims and/or rights that I might otherwise have to sue GK Gymnastics, its officers, directors, shareholders, employees, agents and all others associated with the corporation from all liability for any and all damages and/or injuries that might occur as a result of these activities. I understand that GK Gymnastics makes no evaluation or recommendations whether my son or daughter is physically fit for any exercise activity. If my son or daughter has any physical condition that may impair his/her ability to engage in these activities, I understand that it is my responsibility to obtain a physician's statement describing any limitations to participate in this program.

我了解我孩子参加 GK 体操馆的体操运动可能会引发伤害事故, 我明白我孩子是自愿参加这项运动的, 并清楚参加此运动的受伤风险, 因此我同意免去对 GK 体操馆法律诉讼的权利与声明, 此免责声明也适用于 GK 体操馆的工作人员, 管理人员, 股东以及与本公司有关的其他人员与机构。我理解 GK 体操馆不对我孩子是否适合这个项目作出评估与建议, 若我孩子有任何身体状况可能影响参与这个项目, 是我的责任提供一份限制参加这项运动的医生申明, 同时同意 GK 体操馆有关受伤医疗费用的保险安排。

Parents or Legal Guardian's Signature 家长或监护人签字 _____ Date 日期 _____