

# Registration Form (B) 報名表 (B)

**(For Bensonhurst Only 只限 賓臣墟 場地專用) Tel: (718) 359-7743 ext.208**

Guardian Information 監護人資料:		
Father's Name 父親名字:	Mother's Name 母親名字:	
Cell Phone 流動電話:	Cell Phone 流動電話:	
Employer Name 公司名字	Employer Name 公司名字	
Work Phone 工作電話	Work Phone 工作電話	
Home Address 住址:		
City 城市:	State 州:                      Zip 郵區:	
Home Phone 家裏電話:	Text Messaging 短訊號碼:	
#	Sports 運動項目:	Tuition 全期學費
No# 1	Basketball 籃球班 (90 mins x 10 Lessons)	<b>\$340</b>
	Basketball Uniform 海豚籃球制服	<b>\$30</b>
No# 2	Karate 空手道班 (90 mins x 10 Lessons)	<b>\$340</b>

\*\* as of Summer 2018

When was your last term? 上學期就讀是:

學生名字 Student Full Name(s) :	性別 Gender:	出生日期 Birthday:	所選運動 Sports:	所選課程 Level:	所選日子及時間 Day & Time
(1)	M/F	/ /	No#		
(2)	M/F	/ /	No#		
(3)	M/F	/ /	No#		

**(Internal Use Only / 供內部填寫)**

Tuition Total: \_\_\_\_\_

Tuition 學費: \_\_\_\_\_

Cash 現金 / Check 支票 # \_\_\_\_\_

Received By 接收人: \_\_\_\_\_

Date 日期: \_\_\_\_\_

**Locations 上課地點:**

**New Utrecht High School**

1601 80th Street, Brooklyn NY 11214

**Sign as required 此項必需填寫**

**Student Medical History 學生病歷:**

學生曾患的症狀 Health History: (請選X)

氣喘 Asthma \_\_\_\_\_ 心臟病 Heart Dis-

ease \_\_\_\_\_ 皮膚病 Skin Disease \_\_\_\_\_

其它疾病 Specify Other Illness \_\_\_\_\_

**Guardian Consent 家長授權:**

I understand that I am signing a contract with United Aquatic Sports to provide a specific service that I request, this contract is binding and I have read and accepted all the terms and conditions written in "Student Rules and Program Policies" upon registration.

我已閱讀並接受海豚游泳培訓中心的“家長及學生需知”所有內容。我明白並同意海豚游泳培訓中心的服務合約條款，在報名時正式生效。

Signature 簽名 \_\_\_\_\_

Printed Name 姓名 \_\_\_\_\_

Date 日期 \_\_\_\_\_

遇有緊急事故時，如無法聯絡家長或監護人，同意授權海豚通知法定單位(如醫院)處理。

Emergency Contact Number 緊急聯絡電話 \_\_\_\_\_

Emergency Contact Person 聯絡人全名 \_\_\_\_\_

\_\_\_\_\_

Relation 關係 \_\_\_\_\_

1. Make extra copy as need (each form up to 3 students),
2. Fill in all information required for both student(s) and the guardians,
3. Select the location, schedule, and the type of sport(s) that you are going to sign up,
4. Fill in emergency contact information & guardian consent.
5. A Full Payment Check must be mailed with the registration form payable to:  
**UNITED AQUATIC SPORTS  
P.O.BOX 580182, FLUSHING, NY 11358**
6. Our administrative staffs will contact you when we have received your application.

☺ **Please submit full tuition payment along with Student Waiver, & Health Record for all new students in order to reserve space.**

1. 按你的需要來復印，
2. 填寫所有學生和監護人的資料，
3. 選擇合適的上課地點，課程時間和運動項目，
4. 填寫緊急聯絡電話資料，和簽家長授權，
5. 每人須繳交全費支票，與報名表格一起支付到:  
**UNITED AQUATIC SPORTS  
P.O.BOX 580182, FLUSHING, NY 11358**
6. 收到表格後，我們的工作人員將會電話通知你們。

☺ **請注意！所有新學生在報名時，需填寫學生同意書，並繳交學費全額及身體檢查報告，才可留位。**

First Come First Served! 名額有限，請即報名!

*United Aquatic Sports*  
P.O.Box 580182, Flushing, NY 11358

**WAIVER/RELEASE OF LIABILITY**

*PLEASE READ CAREFULLY BEFORE SIGNING.  
THIS IS A RELEASE OF LIABILITY AND WAIVER OF CERTAIN LEGAL RIGHTS.*

I, \_\_\_\_\_, the enrolled participant and/or the parent/guardian of the participant(s) (1)\_\_\_\_\_, (2)\_\_\_\_\_, (3)\_\_\_\_\_, agree and understand that swimming is a hazardous activity. I recognize that there are risks inherent in the sport of swimming, including but not limited to, paralyzing injuries and death.

For and in consideration of entrance onto the premises, I agree to release **United Aquatic Sports** and its owners, officers, operators, agents and employees from, and waive, any and all claims and liability arising out of the services they provide and/or use of their facility, including but not limited to personal injuries or damages arising from their ordinary negligence. This release and waiver applies to myself and any minor child I bring onto the premises

I authorize any representative of **United Aquatic Sports** to have the participant treated in any medical emergency during their participation in any sports program. Further, the participant and/or parent/guardian agree to pay all costs associated with medical care and transportation for the participant.

I have noted on the back of this form any medical/health problems of which the staff should be aware.

**I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.**

Signed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
(Participant or Parent/Guardian)

Date: \_\_\_\_\_