

World Bright Special Shine (WBSS) Way/FCSN

2300 Peralta Blvd. Fremont, CA 94539 (510) 739-6900

2023 SPRING Registration Form (ONSITE)

Student's Name 1: _____ Sex: M F Date of Birth: _____

Student's Name 2: _____ Sex: M F Date of Birth: _____

Parent's Name: _____ Phone: _____ email: _____

Address: _____
Street City State Zip

Semester Class Schedule	Date
Saturday Program:	1/14, 1/21, 1/28, 2/4
	2/11, 2/25, 3/4, 3/11
	3/18, 3/25, 4/1, 4/22
	4/29, 5/6, 5/13, 5/20
	Total Amount:

Tuition & Fees	Time	Classes	Payment
FCSN member: \$120/Class/Semester (\$8/class) Contact: Sally Wu (510) 676-8386 sally.w.wu@gmail.com	9:00 AM-10:00 AM 10:00 AM-11:00 AM 11:00 AM-12:00 PM The time is based on student schedule.	<input type="checkbox"/> Chinese Class <input type="checkbox"/> Drawing Class <input type="checkbox"/> Ceramic Class <input type="checkbox"/> Music Class Please select at least 2 classes.	Please make check payable to: FCSN Mail to: FCSN SSCS 46940 Aloe Ct. Fremont CA 94539

Participant Liability Waiver and Hold Harmless Agreement

Please read this form carefully and be aware that by registering for and participating in this program(s) or by registering your minor child/ward for participation in this program(s), you will be waiving your rights and/or the rights of your minor child/ward to all claims for injuries you or your minor child/ward might sustain arising out of this program(s) and you will be required to indemnify, hold harmless, and defend WBSS Way and FCSN for any claims arising out of participation in said program(s).

Risk of Injury “

As a participant in the program, or as a parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume the full risk of injuries, including death, damages, or loss which I or my minor child/ward may sustain as a result of participating in any and all activities associated with this program.”

Waiver of Injury Claims “

I agree to waive and relinquish any and all claims I or my minor child/ward may have arising out of, connected with, or in any way associated with the activities of the program.”

Release from Liability “

I, for myself, my heirs, personal representatives or assigns, do here by release, waive, discharge, and covenant not to sue WBSS WAY officers, employees, and agents from liability from any and all claims, including WBSS WAY and FCSN, their offices, employees and agent's personal injury, accidents or illnesses (including death), and property loss arising from, but not limited to, participation in WBSS WAY and FCSN classes and activities. “

Indemnity and Defense “

I further agree to indemnify, hold harmless and defend WBSS Way and FCSN and its officers, agents, and employees from any and all claims from injuries, including death, damages and losses sustained by me or my minor child/ward and arising out of, connected with, or in any way associated with the activities of the program.”

In the event of any emergency, I authorize WBSS Way and FCSN to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed reasonable and necessary for me or my minor child/ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand and agree to the above Participants Liability Waiver and Hold Harmless Agreement.

 X
Parent or Legal Guardian Signature

 X
Date