**World Bright Special Shine (WBSS) Way/FCSN**

2300 Peralta Blvd. Fremont, CA 94539 (510) 739-6900  
**2025 FALL 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 Code

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| --- | --- | --- |
| **Semester Class Schedule** | **Date** | |
| Saturday Program: | **9/6, 9/13, 9/20, 9/27** | |
| **10/4, 10/11, 10/18, 10/25** | |
| **11/1, 11/8, 11/15, 12/6** | |
|  | **Total Amount:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tuition & Fees** | **Time** | **Classes** | **Payment** |
| FCSN member: **$120/Class/Semester ($10/class)**  Contact: Sally Wu  (510) 676-8386  sally.w.wu@gmail.com | **09:00 AM-10:00 AM**  **10:00 AM-11:00 AM**  **11:00 AM-12:00 PM**    **The time is based on student schedule.** | **Chinese/Zumba Program**  **Drawing Program**  **Baking Program**  **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 arisen 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.

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**Parent or Legal Guardian Signature Date**