

STUDENT REGISTRATION FORM – SUMMER 2008

**Program Location HUNG TAO CHOY MEI LEADERSHIP INSTITUTE
1351 U STREET NW, WASHINGTON DC 20009
202-265-1670**

Last Name: _____ First Name: _____
Soc. Sec. No.: _____ DCPS Student ID #: _____
Date of Birth: _____ Student Gender: _____ Race/Ethnicity: _____
School Attended
As of June 2008: _____ Last Grade Completed: _____
Parent's Last Name: _____ Parent's First Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____ Ward _____
Home Phone: _____ Work Phone: _____
Emergency Contact
Person: _____ Phone: _____
Email: _____

Circle preferred class time: 10:00am – 11:30am , 11:30am – 1:00pm, 1:00pm – 2:30pm, 2:30pm-4:00pm

PARENT/GUARDIAN STATEMENT

I hereby give permission for my child to participate in all activities conducted by The Hung Tao Choy Mei Leadership Institute including educational activities at the site, performing and visual arts activities at the site, field trips to arts and educational activities away from the local site, and sports activities conducted in DCPS and/or DC Dept. of Parks and Recreation facilities. I further grant permission for my child to appear in person or in voice, video or photographic presentation for non-commercial radio, television, internet or print media reports and/or media campaign(s) resulting from participation in this program and its activities, and to complete confidential or anonymous surveys and participation in interviews for evaluation purposes.

Student represents that he or she is in good physical condition and able to participate in martial arts and exercise programs made available by the Hung Tao Choy Mei Leadership Institute. Student or Guardian fully understands that by using the facilities and participating in our martial arts program that there are possibilities of physical injury. Student or guardian agrees to indemnify the Hung Tao Choy Mei Leadership Institute from any and all liability on the part of the Hung Tao Choy Mei Leadership Institute, instructors, employees and related students, volunteers and members, and understands that it is your responsibility to obtain your own medical insurance coverage. Signer agrees that they will not seek legal action against the Hung Tao Choy Mei Leadership Institute or its instructors or employees to remedy any real or perceived harm resulting from participating at the Institute or at the Institute's sponsored activities.

Parent/Guardian _____
Date: _____