Golden Crane Senior Center 康 鶴 者 英 中 心

Member's Registration Form

ID#

Contact Information Name (姓名) Birth Date (生日)		_ Chinese Name (中文)	
		Gender (性別) M(男) F(女)	
Address (地址)			
City (市)	_ State (州)	Zip C	Sode (郵遞區號)
Phone Number (電話)		Cell Numb	oer (手機)
E-mail address (電子信函)		
Emergency Informat			
Contact (聯絡)			·
Relationship (關係)	Phone Number (電話)		
Doctor (醫生)		Hospital (醫院	Σ)
physical injuries. Please of before attending any of th 太極,元極舞,瑜珈等 可能。 參加之前,務請 Your participation is pure responsible for any injurie	s Tai-Chi, Yuan consult your per nese classes. 活動 對体力有 前與貴家庭醫生 ly voluntary and es you may sust	-Ji dance, Yoga rsonal physician 一定的要求。 : 商討。 I the Golden Cra tain in participati	I, Stretch etc. involve some risk of if you have any medical conditions 視乎各人的健康情況 有引至受傷的 ane Senior Center shall not be helding in any activities and classes. 者英中心 不承當任何的責任。
	Dat	e (日期)	
Signature (簽 名)			
Print Name (姓名)			
 ☐ Annual Registration ☐ Pay \$5.00/class or \$ Payment Method: Cash Check # 	10.00/day (付÷		-refundable and non-prorated), or 《每天\$10.00)