

Golden Crane Senior Center 康鶴耆英中心

Member's Registration & Liability Waiver Form

ID #

Contact Information

Name (姓名) _____ Chinese Name (中文) _____
Birth Date (生日) _____ Gender (性別) ___M(男) ___F(女)
Address (地址) _____
City (市) _____ State (州) _____ Zip Code (郵遞區號) _____
Phone Number (電話) _____ Cell Number (手機) _____
E-mail address (電子信箱) _____

Emergency Information (緊急意外聯絡資料)

Contact (聯絡) _____
Relationship (關係) _____ Phone Number (電話) _____
Doctor (醫生) _____ Hospital (醫院) _____

Disclaimer of Liability 無責任承擔申明

Your participation is purely voluntary, either as a member or visitor, and the Golden Crane Senior Center shall not be held responsible for any injuries you may sustain in participating in any activities and classes, either on site or off site.

您參加中心的各項課程及活動(在中心或戶外場所), 不論是會員或是訪客, 是自願性的, 如有受傷, 康鶴耆英中心不承當任何責任。

I would like to volunteer for the following area: (我願意參與以下義工行列)

___ Board of Director (董事會) ___ Center Director (中心主任)
___ Committee (委員會)
1. ___ Activity (活動) 2. ___ Caring (關懷) 3. ___ Curriculum (課程) 4. ___ Finance (財務)
5. ___ Front Desk (值日生) 6. ___ Fund Raising (籌款) 7. ___ Participating (參與) 8. ___ Publicity (公關)
___ Instructor for (指導課程老師) _____

Personal Data: (個人資料)

___ My hobbies are (我的愛好) _____
___ My expertise are (我的專長)
1. ___ Computer (電腦) 2. ___ Graphic Design (電腦繪圖) 3. ___ Accounting (會計)
4. ___ Audio/Video (音訊/視頻) 5. ___ Publicity (公關) 6. ___ Interpreter (翻譯)

I am interested in the following classes: (我對以下課程有興趣) _____

***Referred by: (介紹人) _____

Signature (簽名) _____ Print Name (姓名) _____ Date (日期) _____

- Annual Registration Fee (註冊費/年): \$60.00 (non-refundable, prorated by quarters)
 or Pay \$5.00/class or \$10.00/day (付每堂課 \$5.00, 或每天\$10.00)

Payment Method:

___ Cash ___ Check # _____ Receipt # _____ Received By _____