



Visual Art Student Registration Form
Student Information 学生信息

Student Name 姓名:	Gender 性别:
Birthday 生日:	Email 邮箱:
Phone Number 电话:	Wechat 微信/Instagram:
Attending School/Grade 在读学校/年级:	

Contact Information 联络方式

Parent Name 父/母名字:	Email 邮箱:
Phone Number 电话:	Wechat 微信/Instagram:
Address 家庭地址:	

Classes 课程

Registered Course & Term 注册课程及学期:

Interested Course & Term 有兴趣课程及学期:

Medical/Learning Needs 注意事项

Allergies & Epipen use? 过敏和肾上腺素自动注射剂使用需要:

Physical/Emotional/Learning needs 身体、心理及学习需要注意事项:

Family Doctor Name & Phone Number 家庭医生姓名&电话:



IF **under 19** years old, parent authorization少于19岁注册学生, 家长授权; I我, _____, parent of _____ 同学家长,

IF **19 years old or over**, student authorization超过19岁注册学生: I我, _____,

● Do hereby consent and agree that AOMA, its employees, or agents have the right to take photo and/or video of my child and to use for the purpose of school promotion both publicly and/or privately.
授权和同意AOMA在媒体或媒介上公开或私下发布含有学生头像的照片及影像资料。

● Agree to registration & refund policy. Students may withdraw after their first class and receive a full refund (less 1 class fee and \$50 administration fee) of the course. Students that have completed 2 classes are not eligible for a refund.
同意注册及退款制度。第一节课上完退费, 扣除50加币行政费和第一节课的课时费, 余额全部退还。第二节课后要退出, 除非有医生证明等特殊理由, 学费将不予退还。

● Agree to in no way hold any AOMA employee, contractor or owner responsible for any accident, injury or property damage occurring to my child, as the result of participating in any class or event on the premises owned by AOMA located at 2408 W 41st Ave, Vancouver, BC.
同意不追究AOMA任何学生人身或财产损害的责任。

I represent that I am at least 19 years of age, have read and understand the foregoing statement, and am competent to execute this agreement.
我声明我已满19岁, 阅读和同意以上条款, 并同意执行。

IF **under 19 years** old:

Parent's Name 家长姓名:

Parent's Signature家长签名:

IF **19 years old or over** :

Name 学生姓名:

Signature学生签名:

Date 日期: