

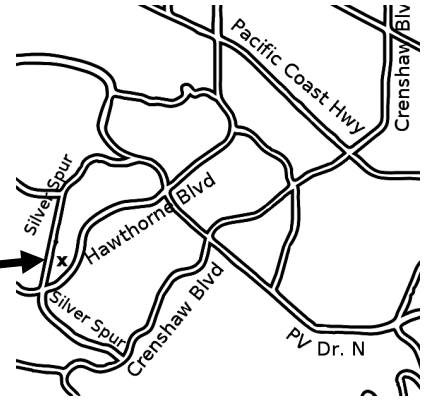


ruì shān zhōng wén xué xiào
 瑞山中文學校
Palos Verdes Chinese School

http://PalosVerdesChineseSchool.org
 (310)541-6408

Adult Chinese Class @ PV Peninsula High School

上課地點: 27118 Silver Spur Rd.
 campus address: Rolling Hills Estates, CA 90274



Age: Adult

Class hours: 9:00am – 12:00noon Sat / Sun, except holidays
 9:00am – 11:00am: Conversational Mandarin (business oriented)
 11:00am – 12:00noon: Extracurricular
 (Taichi, Chinese painting, Chinese calligraphy & Chinese Chess)

Registration: Now ~ Sept 12, 2009

Fall semester starts: Sept 12, 2009 / Sept 13, 2009

Fall '09

瑞山中文學校 Palos Verdes Chinese School

報名表 Adult Classes Registration Form

| | | | |
|--|---|--|----------------------|
| 英文姓名 English Name | 中文姓名 Chinese Name | | |
| 聯絡電話 (H) Telephone (Wk) (Cell) | 聯絡電郵 Contact Email | | |
| 地址 Address | | | |
| 瑞山中文學校 Palos Verdes Chinese School (Peninsula High School campus) 成人班 Adult classes 星期六 Saturdays or 星期日 Sundays 9:00am – 12:00noon | 老外學中文 (商業會話) Conversational Mandarin (business oriented), textbook separate <input type="checkbox"/> 星期六 Saturdays | \$500 / semester | |
| | <input type="checkbox"/> 星期日 Sundays | | |
| | <input type="checkbox"/> 星期六 Saturdays | \$800 / year | |
| | <input type="checkbox"/> 星期日 Sundays | | |
| | \$150 registration fee (includes textbooks & one school logo T-shirt) | | \$150 |
| Mail completed registration form & payment to: P.O. Box 7000-377, Rolling Hills Estates, CA 90274 | | 繳費 Registration Payment Due Please make check payable to: PVCCA | 共計 Total \$ _____ |

Palos Verdes Chinese School

P.O. Box 7000-377, Rolling Hills Estates CA 90274
310-541-6408

Agreement

1. The undersigned party (parent/guardian of student) will hold the Palos Verdes Chinese School (hereinafter known as 'School') harmless from all liability from loss, damage, or injury to persons or property in any manner arising out of any incident while attending School and/or School sponsored activities, including without limitation all consequential damages, whether or not resulted from the negligence of School or its agents.
2. Should any controversy between the parties hereto involving the rights and obligations arising under the terms of the attendance at School and the School's activities, shall on written request of one party served on the other be submitted to arbitration, and such arbitration shall comply with and be governed by the provisions of the California Arbitration Act, Section 1280 through 1294.2 of the California Code of Civil Procedure.
3. The parties shall each appoint one person to hear and determine the dispute and to mediate a settlement. If they shall be unable to agree, then the two persons so chosen shall select a third impartial arbitrator whose decision shall be final and conclusive upon both parties hereto. The cost of such arbitration shall be borne by the losing party or in such proportions as the arbitrator shall decide.
4. If indemnification of loss of any controversy is covered by any existing insurance policy(ies) of the injured party, only amounts over and above the coverage of such existing insurance policy(ies) are to be submitted to arbitration.
5. The undersigned hereby authorizes the School to seek emergency medical care should his/her child(ren), the student(s), become(s) ill or injured while at School or during School sponsored activities. The School will hold this authorization effective until notified otherwise in writing. The School DOES NOT provide medical insurance coverage. The undersigned will not hold the School, its staff or faculty liable for medical care rendered and will be responsible for all medical expenses incurred. The undersigned hereby waives all claims against the School for illness, accident, injury, or death occurring during School activities.
6. This agreement remains effective while attending classes at this School.

Parent/Guardian Signature

Date

Print Name

Student Name(s)