

# QD ACADEMY

# 达福中文学校

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## Table Tennis Registration Form 乒乓球教學訓練註冊表

Last Name: 姓:		First Name: 名字:		Middle Name:	Grade:
Date of Birth:	Sex: M / F		Age (Optional):		Home Phone: (     )
Address:					Work Phone: (     )
Parent's Name (For Young Students Only):					Cell: (     )
Emergency Contact Name & Phone Number:					

Tuition & Class Schedule (Please Check with Coach Wang to Determine the Class Schedule)							
Training Session (Please Select One):		(1) Group Training		(2) One on One Training		(3) Others:	
Class Session (Please Select One):		(1) QD Student		(2) Weekend and Evening		(3) Non-QD Student	
Registration Month:			Class Begins:			Class Ends:	
Please Select Class Day(s)	Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Please Select Class Time	8 - 9 AM	9 - 10 AM	10 - 11 AM	1 - 2 PM	2 - 3 PM	3 - 4 PM	4 - 5 PM
	6 - 7 PM	7 - 8 PM	<b>Others (Specify):</b>				
Total Classes (Please Calculate and list the total classes for the registered month here):							
Please list the tuition rate here (See QD Academy Table Tennis Class Fee Schedule):							
<b>Please list Monthly Tuition Here = Tuition Rate x Total Class =</b>							
Registration Fee (\$20.00, Nonrefundable, waived for QD Student): \$							

**Total Payment = Tuition + Registration Fee = \$ \_\_\_\_\_**

**Waiver of Liability:** A waiver of liability is required for all QD Academy enrollments, which may present a potential risk of physical injury to any student. While QD Academy will take great precautions to minimize potential hazards, it is each student's responsibility to take necessary safety measures and use sound judgment to protect himself/herself from injury. QD Academy assumes no responsibility for accidents, which may occur on QD Academy premises. In case that no medical insurance information is provided, the applicant or parents/guardian shall be responsible for all the cost of emergency medical treatment.

For the young students, his/her parent/guardian gave permission of his/her child(ren) as registered above for full participation in QD Academy, subjected to limitations noted herein. In case of emergency, parent/guardian of the young members understand every effort will be made to contact him/her. In the event the parent/guardian of the young members cannot be reached, the parent/guardian of the young members hereby authorize QD Academy to take whatever action is deemed necessary in their judgment for the health of the aforesaid child(ren) (Section 35.01, TX Family Code). The parent/guardian of the young members will not hold QD Academy responsible for the cost of emergency care and/or transportation for said child(ren).

We have read and understand the application information and other school regulations. QD Academy will give due notice to all changes, notices and school policies. It is the responsibility of members to check for such handouts, notices and notify the QD Academy of changed contact information.

\_\_\_\_\_  
Applicant or Parent/Guardian Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date

<b>Office Use Only</b>	
Payment (Check Only Payable to QD Academy, Mail to Above Address or paid in person, Returned Check Subject to A \$30.00 Fee):	Check #:
Date Received:	Received By: