



PowerMath Mental Arithmetic

1363 Jacklin Rd. Milpitas, CA 95035 ♦ Tel/Fax: (408) 263-7966 ♦ www.powermathusa.com

Student Information & Registration Form

Please Print Clearly

Student Information:

學生中文姓名 *if app.* Student Name (First and Last) _____ DOB (M/D/Y) _____ Sex: M/F _____

Residential Street Address _____

City _____ California State _____ Zip Code _____ Home Phone Number (____) _____

母親中文姓名 *if app.* Mother's name (First and Last) _____ 父親中文姓名 *if app.* Father's name (First and last) _____

(____) _____ (____) _____ (____) _____ (____) _____
Mother's Cellular Mother's Office Father's Cellular Father's Office

Mother's Preferred E-Mail Address _____ Father's Preferred E-Mail Address _____

English School Attending _____ Current Grade* _____
**Summer registrants please indicate grade level for the coming school year.*

Name of sibling(s) enrolled in PowerMath classes if applicable: _____

Emergency Contacts :

Doctor's Name _____ (____) _____
Contact Number

1) Name _____ Relationship _____ (____) _____
Contact Number

2) Name _____ Relationship _____ (____) _____
Contact Number

In an emergency situation, PowerMath is authorized to obtain and give permission for emergency medical treatment for my child. If I or any of the contacts listed above cannot be reached, I authorize the PowerMath staff to take such action as they deem necessary, including treatment of my child by qualified medical staff at a hospital or similar facility. I hereby give my consent for PowerMath to call my child's doctor for consultation and in the event that I cannot be reached, PowerMath is authorized to contact either or both of the emergency contacts I have listed above and release my child into their care.

Waiver / Release of Liability:

On behalf of myself and/or my spouse and the child hereby registered, I hereby agree to indemnify and hold harmless PowerMath Mental Arithmetic, its director and associated personnel from and against any and all liability for any injury which may be suffered in connection with participation in PowerMath-sanctioned activities or on its premises. I do herewith waive, release and forever discharge PowerMath, its director, teachers and other employees.

Signature of Parent/Guardian _____ Date _____

OFFICE USE ONLY:

Initial Registration Fee: \$ _____
Materials Fee (*if app.*): \$ _____ = **Total:** \$ _____
Remittance Method: Cash Check (# _____) Staff Initials: _____