



Art & Design Studio

聖文美術創作教室

For office use only:

Classes: _____

Dates: _____

學生資料 Student's Information

| | | | | |
|-----------------------------|----------------|----------------|---------------|---|
| 姓名 Name | (中) Chinese | (英) English | DOB | <input type="checkbox"/> M <input type="checkbox"/> F |
| 地址 Address | | | | |
| 就讀學校及年級 School and grade | | | Home Phone | |
| 父 Father | 姓名 Name | Work Phone | Cell | |
| | E-mail | | | |
| 母 Mother | 姓名 Name | Work Phone | Cell | |
| | E-mail | | | |

緊急事故同意書 Emergency Information

Additional persons who may be called in an emergency: (List at least 2 persons)

| | 緊急事故聯絡人姓名 Emergency Contact | 關係 Relationship | 電話 Phone |
|---|-----------------------------|-----------------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |

Physician or dentist to be called in an emergency:

| Type | Name | Phone | Medical plan and number |
|--------------|------|-------|-------------------------|
| 醫生 Physician | | | |
| 牙醫 Dentist | | | |

緊急事故處理許可 Release Agreement

I give my permission for my child to participate in the Samwin Art and Design Studio (hereafter referred to as the "Studio") program and authorize the Studio personal to take full charge of any emergency in the case of accidents or injuries. I will not hold the Studio any staff members liable in case of accidents or injuries. I have read the above, and the Policy of the Studio and will agree to follow them as required by the Studio, understand its meaning and voluntarily sign it.

本人准許我的子女參加聖文美術創作教室課程。如有緊急情況發生，無法聯絡到家長監護人或醫生時，本人授權校方行政人員全權處理。本人不會要求聖文美術創作教室的任何人員對任何意外事件或傷害負責。我同意這些條文及願遵守上課須知中的規定。

Publicity Right

I give my permission to Samwin Art and Design Studio (hereafter referred to as the "Studio") a perpetual non-exclusive license to make, use or make copies of my child's artwork produced while he/she is a student of the Studio, to be used for marketing and promotional purposes.

聖文美術中心有權拍攝學生上課及作品，並有權發表學生作品或用這些照片做為宣傳廣告用途。

Signature X

Parent or Guardian

Date