



Registration Form

Date: _____

Student Name:	Gender:
Name of School:	Date of Birth (MM/DD/YY):
School Grade:	
Address:	
Phone:	

Parent Name	Work Phone	Employer
Father:		
Mother:		
E-mail: _____ We would prefer to communicate with you through e-mail. Please fill in the parent's e-mail address which you would like us to send confirmation to!		

Emergency Contact Person (other than parent):	Phone:
Family Doctor's Name:	Phone:
Doctor's Address:	

RELEASE and CONSENT:

For Emergency:

In case either parents or guardian cannot be contacted, ABS center has the right to send students to the nearest emergency hospital.

Remarks:

ABS center is not responsible for any food allergy. In case your child have certain food allergy, please advice him/her to refrain from accepting any food offered by the center or by any other students.

Waiver:

I release and discharge Abacus Brain Study of Texas and all other sponsors from any claims, injuries, losses or liabilities suffered or incurred as a result of my participation in ABS of Texas courses.

Declaration:

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Permission:

Occasionally, we will take some pictures and video of our students' performance in the class. Please put an X mark in the box if you have any objection in regards with the use of your child's picture and video in our publication or presentation.

Parent/Guardian Signature: _____