

# 華恩堂

Northern Seattle Grace Church

22727 Hwy 99, Edmonds WA 98026

seattlechineseGrace@gmail.com

Num 編號 : \_\_\_\_\_

Date 日期 : \_\_\_\_\_

Interview date 面試日期 : \_\_\_\_\_

Paid 已付 : \_\_\_\_\_

Staff 負責人 : \_\_\_\_\_

## Youth Leadership Training Class Registration Form 青少年領袖訓練班報名表

Date 日期 : 3/2/2019 – 5/4/2019 共 10 課

Time 時間 : Saturdays 週六 下午 2:00 – 4:00 p.m.

Place 地點 : 22727Hwy 99, Edmonds WA- 98026

Registration fee is one-time, non-refundable, non-transferable \$40 per student for all 10 weeks or fewer. 報名費每位\$40, 恕不退款  
✂----- 請沿虛線剪下, 報名者保留上半頁 Cut on dotted line and give portion above to student as receipt -----✂

### 1. STUDENT INFO 學生資料

Interview date 面試日期 : \_\_\_\_\_

姓名 \_\_\_\_\_ 性別 男  女  學校年級 \_\_\_\_\_  
Name: \_\_\_\_\_ Gender:  Male  Female Grade Level: \_\_\_\_\_

備註 (如食物過敏)  
Special Remarks (e.g. food allergies): \_\_\_\_\_ Reading level: \_\_\_\_\_

### 2. PARENT / GUARDIAN INFO 家長或監護人資料

姓名 \_\_\_\_\_ 家居電話 \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

地址 \_\_\_\_\_ 手機 \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

電郵 \_\_\_\_\_  
Email: \_\_\_\_\_

### 3. CLASSES COMMITTED 課程 十堂 週六下午 Sat 2:00 – 4:00 p.m.

3/2	Leadership	領袖學	<input type="checkbox"/>	4/6	Interpersonal Skills	人際關係	<input type="checkbox"/>
3/9	Life Goal	人生目標	<input type="checkbox"/>	4/13	Communication Skills	溝通技術	<input type="checkbox"/>
3/16	Time Management	時間管理	<input type="checkbox"/>	4/20	Proactive Approach	積極進取	<input type="checkbox"/>
3/23	Priorities	優先排序	<input type="checkbox"/>	4/27	Face Obstacles	面對困難	<input type="checkbox"/>
3/30	Wealth Management	財富管理	<input type="checkbox"/>	5/4	Team Work	團隊協力	<input type="checkbox"/>

I hereby grant Northern Seattle Grace Church (NSGC) the right to publish, broadcast, webcast, or disseminate in media form photographs, video, audio and other images or likenesses of the registered student for use in educational, promotional and/or publicity purpose in perpetuity. I release NSGC from all claims arising out of, or resulting from the registered student's appearance and/or statements. 本人謹此授權西雅圖華恩堂使用該學生參加此項活動時的照片、影像、聲音或肖像等素材, 作為教學、推廣及宣傳之用。

I hereby release NSGC and its representatives from any and all liabilities that may be incurred by the student's participation in this activity. I also hereby authorize those in charge to consent to and administer any medical aid necessary in case of emergency. 本人謹此保證西雅圖華恩堂及其代表, 無須為該學生參與此項活動負上任何法律責任, 並授權教會負責人在發生緊急事故時的一切醫療處理。

家長或監護人簽名 \_\_\_\_\_ 日期 \_\_\_\_\_ 已付 \_\_\_\_\_ 編號 \_\_\_\_\_  
Signature of Parent/Guardian : \_\_\_\_\_ Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Num: \_\_\_\_\_