



Culture Class Registration Form

Beginner course

Advance course

Last Name _____ First Name _____ Age _____

Gender _____ DOB _____ Phone _____

Address _____

City _____ State _____ Zip _____

Race/Ethnicity:

Caucasian/White

Hispanic/Latino

Native American/Alaskan Native

Black/African American

Asian

Native Hawaiian/Other Pacific Islander

Others (Please list all others)

Emergency Contact Name _____ Phone _____

Emergency Contact Relationship _____

Healthcare Provider _____ email: _____

Signature _____ Date _____

Waiver of Liability for Participant Under 18

This is to certify that I, as a parent/legal guardian with legal responsibility for my child, do consent and agree to his/her participation in the Hmong Culture Class provided by the Vang Council of La Crosse, Inc. I do hereby waive, release, and hold harmless the organization, its officers, board members, staff, and representatives for any injury that may be suffered by my child in the normal course of participation in the class and the activities thereof, whether the result of negligence or any other cause.

Signature _____

Date _____