



Vang Council of La Crosse  
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608-668-2006

## Hmong Language & Literacy Class Registration Form

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Gender: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Parent email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact Relationship: \_\_\_\_\_ Hospital: \_\_\_\_\_

### **Waiver of Liability**

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 Language 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 of any other cause.

Parents Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_