



Learner Enrollment Form

Please complete one form per language learner

Parent/Guardian Information:

Last Name: _____

First Name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Learner Information (if different from Parent/Guardian Information):

Last Name: _____

First Name: _____

Date of Birth: _____ Age: _____

Emergency Contact Information (if different from or in addition to Parent/Guardian Information):

Contact Name: _____

Contact Phone Number: _____

Enrollment Information:

Selected Class: Spanish French Mandarin Japanese
 Small Group Tutoring Custom Class

Class Number _____ (from Schedule)



Safety & Insurance

Your safety and the safety of your child is important to us. The Language Buzz strives to conduct its program(s) safely and expects all participants to follow instructions that have been designed to protect and enhance the participants' safety. The Language Buzz carries general liability insurance for its operations. However, please be advised that The Language Buzz does not carry medical insurance for accidental injuries sustained in its programs. Therefore, people registering himself/herself or a family member for a program with The Language Buzz should review their own insurance policy for coverage.

Waiver & Release

I understand that The Language Buzz shares my concern about the safety of my child. However, I understand that The Language Buzz does not accept responsibility for injuries, damages or loss that my child may suffer while participating in The Language Buzz programs. Accordingly, I agree to assume the full risk of any physical injuries, damages or loss, regardless of severity, which my child or I may sustain as a result of participating in any and all activities connected with or associated with any The Language Buzz program. On behalf of myself, my spouse and my child, I hereby waive, relinquish, fully release and discharge, and further agree to indemnify, hold harmless and defend The Language Buzz, its owners, directors, officers, agents, and employees against any and all rights, claims, causes of action and liabilities of any sort that I or my child may have now or in the future, including but not limited to, any claims for personal injuries, medical expenses, property damage, or losses sustained by me or my child arising out of, connected with, or in any way associated with the activities of any The Language Buzz program.

Permission to Secure Treatment

In the event of an emergency, I authorize The Language Buzz officials to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my child's immediate care, and agree that I will be responsible for payment of any and all medical services required.

Use of Photographic Images

All participants agree that any photography or video taken while participating in a class, special event or use of a facility may be used for promotional purposes for The Language Buzz.

Payment for the Year 2017-2018

The payments are made in six-week installments. The first payment is due the first day of class, the second payment is due the week of October 14th, the third payment is due the week of January 20th, and the final payment is due the week of February 24th. If you withdraw from the program early, you forfeit your tuition.

I have read and fully understand the sections on Safety and Insurance Coverage, Waiver and Release, Permission to Secure Treatment, Use of Photographic Images, and Payment.

Signed:

Signature of Parent or Guardian

Date

Printed Name

Amount Included

Balance Due

Once you have completed this form, please email it to victoria@thelanguagebuzz.com. If you cannot email this form, please fax it to (803) 252-7002 or bring the form to our office at 1921 Henderson Street.