



РЕГИСТРАЦИОННА КАРТА 2024-2025

БЪЛГАРСКО УЧИЛИЩЕ
"Патиланско Царство"

(моля попълнете на Български език)

ДАНИИ НА УЧЕНИКА

Първо Дете: _____ Група/Клас _____

Nickname: _____ Дата и място на раждане: _____
(ден\месец\година) място на раждане

Второ Дете: _____ Група/Клас _____

Nickname: _____ Дата и място на раждане: _____
(ден\месец\година) място на раждане

Трето Дете: _____ Група/Клас _____

Nickname: _____ Дата и място на раждане: _____
(ден\месец\година) място на раждане

Допълнителни уч. дейности

- Родинознание
 Фолклор и народни танци

Допълнителна информация:

Алергии: _____

Болести: _____

Други: _____

Размер Тениска: Youth____ Adult____

ДАНИИ НА РОДИТЕЛИТЕ

Адрес (на Английски): _____

Майка: _____
име телефон

Баща: _____
име телефон

e-mail: _____

Спешен контакт: _____
име телефон

Допълнителни Придружители след училище 1. _____
име телефон

2. _____
име телефон

ТАКСА (ПОПЪЛВА СЕ СЛУЖЕБНО)

Информация за автоматично
месечно плащане:

NAME

CARD #

EXP CWV BILLING ZIP

Обща дължима сума:

_____ годишна -10% _____ месечна

Дата на
регистрация:

- присъствено
 електронно
 хибридно

МЕСЕЦ	СУМА	CASH	СНК	СС	МЕСЕЦ	СУМА	CASH	СНК	СС
Септември					Януари				
Октомври					Февруари				
Ноември					Март				
Декември					Април				
					Май				



БЪЛГАРСКО УЧИЛИЩЕ "Патиланско Царство"
Bulgarian Language School

RELEASE OF LIABILITY
READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in the activity of Bulgarian Language Center organized by BG Cultural Center, of 118 Leisure Ln, Myrtle Beach, SC 29588 and/or use of the property, facilities and services of BG Cultural Center., I agree for myself and (if applicable) for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by BG Language school, representatives or agents of BG Cultural and Language Center.
2. I hereby give permission for the above minor to be photographed (with or without other classmates).
3. I understand, agree and give permission for BG Language school to display the photographs on their website or/and use them in promotional materials for Bulgarian Language school
4. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge BG Cultural and Language Center for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of BG Cultural and Language Center, whether caused by the fault of myself, my family, BG Cultural Center or other third parties.
5. I agree to indemnify and defend BG Cultural and Language Center against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of BG Cultural and language Center Inc.
6. I agree to pay for all damages to the facilities of BG Language school caused by my or my family's negligent, reckless, or willful actions.
7. I consent to the participation of my child/children, _____ of Different activities in Bulgarian Language School and agree on behalf of the above minor(s) to all of the terms and conditions of this Agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____.
8. In the event of an injury to the above minor(s) during the above described activities, I give my permission to BG Language school or to the representatives or agents of BG Cultural Center to arrange for all necessary medical treatment for which I shall be financially responsible. BG Language school shall have the following powers:
 - a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
 - b. The power to authorize medical treatment or medical procedures in an emergency situation;and
 - c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.
9. Any legal or equitable claim that may arise from participation in the above shall be resolved under South Carolina law.
10. According to the government safety guidelines, I will not send my child/children to school if any COVID 19 symptoms occur.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Dated: _____ Signature: _____

Name: _____

Address: _____

In case of an emergency, please call _____

(Relationship: _____) at _____