



༄༄༄ ཁོ་ལོ་རྩེ་ལོ་བོད་མིའི་སྤྱི་མཐུན་ཚོགས་པའི་བོད་ཀྱི་སྐད་ཡིག་དང་རིག་གཞུང་སློབ་གྲྭ།
Tibetan Cultural School, Colorado

སློབ་གྲྭར་འཇུག་ལུགས་འགོད་མ་ཤོག་ / **ADMISSION FORM**

སློབ་ཚུགས་གི་མིང།
STUDENT'S NAME: _____

སྐྱེ་ལོ་སྐྱེ་ཚེས། ཟླ་བ་ ཉིན་ ལོ་ ཕོ་ / ཚས།
DATE OF BIRTH: _____ | _____ | _____ GENDER: Male / Female

ཕ་མིང།
FATHER'S NAME: _____

ཁ་པར་ཨང་གྲངས།
PHONE NUMBER: _____

མ་མིང།
MOTHER'S NAME: _____

ཁ་པར་ཨང་གྲངས།
PHONE NUMBER: _____

ཁ་བྱང།
ADDRESS: _____ CITY: _____ ZIP: _____

ཕ་མ་འཇམ་འགན་འཁུར་པའི་མཚན་རྟགས། མེད་འཕྲིན།
PARENT'S / GUARDIAN'S SIGNATURE: _____ EMAIL: _____
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ལས་ཁུངས་ཚེད། (OFFICIAL USE ONLY)

འཛིན་རིམ།      འཛིན་གྲྭའི་དགོ་ཚད་ཀྱི་མཚན།  
GRADE: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

འཛིན་གྲྭའི་དགོ་ཚད་ཀྱི་མཚན་རྟགས།  
TEACHER'S SIGNATURE: \_\_\_\_\_

སློབ་སྐྱེའི་མཚན་རྟགས། PRINCIPAL'S SIGNATURE: \_\_\_\_\_



DOES THE STUDENT HAVE ANY ALLERGIES (YES / NO ) \_\_\_\_\_

ALLERGY INFORMATION:

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If the student has any allergies, please provide additional information. Please note that TCS/TAC Volunteers will make every effort to accommodate your child's need, but we cannot guarantee that Lunches and Snacks provided at school will be okay for your child to eat. If you have concerns about this, you may always pack your own Lunch & Snacks.

Emergency Contact Information:

Emergency Contact # 1:

PHONE: \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

Emergency Contact # 2:

PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

Please select all the available options below that your child is interested in:

1. Language Class – Yes / No
2. Instrument Class – Yes / No (Please select one of the instrument classes below)
  - a. Dranyen lesson (Parents must provide their own dranyen)
  - b. Yangchin lesson (We have only two yangchin. If we have too many students interested, we may have to rotate. If you have your own yangchin, please bring)
  - c. Flute lesson (We will provide flutes)
3. Song & Dance class – Yes / No

TIBETAN CULTURAL SCHOOL ANNUAL SCHOOL FEE:

- 150.00 / school calendar year

TIBETAN ASSOCIATION OF COLORADO ANNUAL MEMBERSHIP

- \$100 Per year



**WAIVER & RELEASE:**

**Consideration:** I acknowledge the personal benefits accruing to my child by reason of participation in the above described event and am aware of the activities which my child will be involved through said participation.

**Release / Indemnification:** I hereby, in consideration of such benefits and other good and valuable consideration received, consent to the above listed participation and release absolutely, forever discharge, hold harmless and covenant not to sue Tibetan Cultural School of Colorado, Tibetan Association of Colorado and its executive board members, employees, agents, volunteers, and affiliates from any and all present or future liability, claims, demands, actions or rights of action, whether asserted by me or a third party arising out of my child’s participation in the event activities (the “Claims”). I agree to indemnify and hold harmless (“Tibetan Cultural School of Colorado and Tibetan Association of Colorado”) for any such Claims brought by me or a third party from any costs associated with defending or litigating such claims, including but not limited to attorney fees, costs and legal expenses.

**Assumption of Responsibility:** I assume full responsibility for any risk of loss, property damage or personal injury, while attending the Tibetan Cultural School.

**Medical Emergency:** In the event of an injury or medical emergency, I understand that the Tibetan Cultural School volunteers will assess medical needs, obtain and consent to appropriate medical care, transport persons in need of medical care and contact parents or their emergency contacts immediately. I release Tibetan Cultural School of Colorado and Tibetan Association of Colorado from all liability related to medical treatment. In addition, I assume the risk and financial responsibility for any injury resulting from the attendee’s participation in all Tibetan Cultural School events.

**Understanding:** I represent and acknowledge that I have completely read and understand this document and all its terms, and all matters referred to herein, and I signed voluntarily as my free act and deed, that by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect. To the extent the restriction on filing lawsuits is deemed unlawful, I agree to submit any Claims to a mediation organization for binding resolution.

CAUTION: READ THIS DOCUMENT CAREFULLY BEFORE SIGNING. THIS IS A GENERAL RELEASE AND INDEMNIFICATION OF CLAIMS.

**FULL NAME:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Please date, type your full name and Sign above. Thank you.**