



# Agrawal Academy of USA

(Non Profit Volunteer Organization run by Agrawal Samaj of USA)

[hillsboroughclasses@agrawalsamajusa.org](mailto:hillsboroughclasses@agrawalsamajusa.org)

**Class Location:** Auten Road Intermediate School, 281 Auten Rd, Hillsborough, NJ 08844

## Registration Form for Year 2009-2010

**Contacts:** Vinay Agarwal 732 668 9951, Mrs. Kavita Agarwal 908-526-2109  
Mrs. Rekha Gupta 908-507-6781, Mrs. Poonam Garg 908-595-0511

**Student's Full Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age** \_\_\_\_\_ **Gender:** M F

**Class/ Level: (Circle one)** (KG) (1) (2) (3)

**Subject:** Hindi ( ) Math/Language Arts ( )

**Parent/Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone (Daytime):** \_\_\_\_\_ **Phone (Eve):** \_\_\_\_\_

**Parents' E-mail:** \_\_\_\_\_

### **Fees:**

Registration cost is \$200 per student for academic year 2009-2010. Make check payable to **AGRAWAL SAMAJ USA** and mail completed form and payment to: **Agrawal Samaj USA, P. O. 296, Princeton Jct, NJ 08550**. The Fee is non-refundable.

### **Consent:**

*I am the parent and/or legal guardian of the student named above and by signing below, I agree that there will be no Fees refund (a) If my child voluntarily drops out of classes during the school year for any reason, (2) if my child is found to be disruptive in the class by the classroom teacher(s)/administrator(s). Administrator(s)/Teachers(s) decision will be final and I agree to abide by that decision. I also accept liability for any material damage caused by my child's behavior in school.*

*I/WE, on behalf of ourselves and \_\_\_\_\_ (child/children's name) do hereby agree to hold Agrawal Samaj of USA a non-profit organization, and its representatives, staff and members, volunteers, paid or unpaid, harmless from any responsibility or liability, any and all bodily injury and illness claims, demands, damages, costs, expense actions and cause of action arising from any act or occurrence while attending classes run by Agrawal Samaj or as a result of participation in the programs and activities conducted under the auspices of Agrawal Samaj. I/We agree to indemnify Agrawal Samaj of USA and its representatives, staff and members for any costs or liabilities which they may incur as a result of our or our child's participation in any of its programs. Furthermore, I/We waive any liabilities that Agrawal Samaj of USA and its members may have to me and my said child/children as a result of any injury, illness, or property damage while participating in their programs. I/We fully understand and assume full responsibility for our and our said child/children's actions while entering into this arrangement with Agrawal Samaj of USA.*

**Signature:** \_\_\_\_\_

**Print name:** \_\_\_\_\_

**Date:** \_\_\_\_\_