



Outshine Education Center

PHONE: (858)-263-6148
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ADDRESS: 9919 HIBERT ST SUITE B,
SAN DIEGO, CA 92131

STUDENT & PARENT INFORMATION

Student 1's Name:		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:	
Class Choice:		Grade:		
Parent 1's Name:	Cell Phone #	Home Phone #		Work #
Parent 2's Name:	Cell Phone #	Home Phone #		Work #
Student's Email:			Emergency Contact	
Parent's Email:				
Allergy or health concerns			Name	Phone#

PAYMENT POLICY

Withdrawals/Refund: If the student withdraws from the program he/she has the option to receive either class credits towards future sessions (excluding any classes already taken at the time of withdraw), or he/she may obtain a tuition refund for the amount due at registration minus a **\$50** processing fee and any classes taken. Refund requests must be made in writing. No refunds are given for events that out of our control (flood, fire, electrical outage, etc.). No credits or refunds will be given for missed classes.

Bounced Check: The drawer, who writes the check, will be responsible for the bank processing fee.

INDEMNITY, RELEASE, WAIVER AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE AGREEMENT

I request that the applicant listed above be permitted to participate in Outshine Education Center program(s). I affirm that if the applicant listed above is at program(s) that he/she may receive first aid, followed by medical attention from a licensed physician or be admitted to a hospital in case of emergency. I will **NOT** hold Outshine Education Center, its officers, employees/staffs, agents, contractors, and volunteers liable for aid rendered and will reimburse Outshine for medical and other expenses incurred in his/her care. I agree to release, indemnify, defend, and hold Outshine Education Center, its officers, employees, agents, contractors and volunteers harmless and free from any and all liability resulting directly or indirectly from participation in program(s), including but not limit to liability for any and all demands, damages, claims, suits, liens and judgments, including costs and attorneys' fees, of whatever nature, for injury or death of any person, damage to property, or interference with the use of property, arising from or in connection with participation in the program(s). I have carefully read this Indemnity, Release, Waiver and Authorization for Emergency Medical Care Agreement and fully understand its contents and understand that it shall be binding upon me, my heirs, successors and assigns. I am aware that this is a full release of liability and sign it of my own free will.

Photo and Video: I give permission for my and/or my child's (if student is under 18) photograph to be used by Outshine Education Center on its website or at its facility for any Outshine Education Center related publicity, including print and broadcast media.

Parent or Guardian Signature: _____ Date: _____