



## NEWLIFE FRENCH TUTORING REGISTRATION FORM

Name:.....

Address:.....

Cell:.....Home:.....

Email:.....

### Emergency contact:

Name:.....

Address:.....

Cell:.....Home:.....

Email: .....

What level of written French do you have? Beginner:.....Intermediate:.....None:.....

What level of spoken French do you have? Beginner:.....Intermediate:.....None:.....

### In person classes/Online

☐ Monday to Saturday: 10 am to 6:00 pm

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Online classes: Zoom.

In-persona at 5-2000 Thurston Drive Ottawa, K1G 4K7

How did you hear about our organization?

☐ E-mail

☐ Friend

☐ Facebook

☐ Website

Signed: .....

Date: .....

Student / Parent / Guardian

### **Waiver**

Waiver As the legal parent or guardian, I release and hold harmless NewLife Project Inc from any liability, claim and demand related to any loss, damage, or injury, including death, that may be sustained by the participant and/or the undersigned. I also give permission to NewLife employees to seek medical treatment for my child in the case they are not able to reach me. However, the participant is responsible for his/her own medical coverage. I hereby declare any physical/mental problems, restrictions, or condition and declare the participant to be in good physical and mental health. I hereby grant the NewLife Project Inc. permission to use my likeness in a photograph, video, or other digital media ("photo") in all of its publications, including web-based publications, without payment or other consideration. I understand and agree that all photos will become the property of the NewLife Project Inc. and will not be returned. I have read the terms and conditions of the courses and the Release of Liability. \*

☐ Yes ☐ No

Signed: \_\_\_\_\_

5-2000 Thurston Drive  
Ottawa, Ontario, K1G 4K7, Canada.  
Tel.: (613) 699-7205