

Mail or drop off this form with payment to our office:  
The Confucius Institute  
W205 Nebraska Hall  
Lincoln, NE 68588-0542



### Confucius Chinese Class Enrollment Form

Student Name: \_\_\_\_\_  
First M.I. Last Chinese Name

Mailing Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Day Time Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Second E-mail: \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

Student must be at least 5 years old or enrolled in kindergarten to take classes.

If student is under the age 18, please print Parent or Guardian's Full Name

\_\_\_\_\_

Please use one form for each person you are registering for

#### ADULT CLASSES (LINCOLN)

- \_\_\_\_ Beginning Chinese I (CICL 101) – Sundays, 2:30-4:00 pm \$90
- \_\_\_\_ Beginning Chinese II (CICL 102) – Sundays, 1:00-2:30 pm \$90
- \_\_\_\_ Beginning Chinese I (CICL 101) – Tuesdays, 5:00-6:30 pm \$90
- \_\_\_\_ Beginning Chinese II (CICL 102) – Tuesdays, 6:30-8:00 pm \$90
- \_\_\_\_ Intermediate Chinese I (CICL 201) – Wednesdays, 5:00-6:30 pm \$90
- \_\_\_\_ Intermediate Chinese II (CICL 202) – Wednesdays, 6:30-8:00 pm \$90

#### CHILDREN CLASSES (LINCOLN)

- \_\_\_\_ Beginning Chinese I (CICL 101) – Sundays, 2:30-4:00 pm \$60
- \_\_\_\_ Beginning Chinese II (CICL 102) – Sundays, 1:00-2:30 pm \$60
- \_\_\_\_ Intermediate Chinese I (CICL 201) – Sundays, 1:00-2:30 pm \$60
- \_\_\_\_ Advanced Chinese II (CICL 302) – Sundays, 2:30-4:00 pm \$60
- \_\_\_\_ Chinese Music Class – Sundays, 3:30-4:30 pm \$60
- \_\_\_\_ Chinese Dance Class – Sundays, 1:30-2:30 pm \$60

#### ADULT CLASSES (OMAHA)

- \_\_\_\_ Beginning Chinese I (CICL 101 – Bellevue University) – Wednesdays, 5:00-6:30 pm \$90
- \_\_\_\_ Beginning Chinese I (CICL 101 – Omaha University) – Tuesdays, 5:00-6:30 pm \$90

#### CHILDREN CLASSES (OMAHA)

- \_\_\_\_ Beginning Chinese I (CICL 101) – Saturdays, 2:00-3:30 pm \$60
- \_\_\_\_ Intermediate Chinese II (CICL 202) – Saturdays, 10:00-11:30 am \$60
- \_\_\_\_ Advanced Chinese II (CICL 302) – Saturdays, 12:00-1:30 pm \$60

**All checks should be made payable to the University of Nebraska-Lincoln.** If for any reason you cannot attend the course for which you have registered, you must contact the Confucius Institute Office to cancel before the first day of class to receive a refund. Please submit your cancellation request to [psnyder2@unl.edu](mailto:psnyder2@unl.edu) or call 402-472-5370. A full refund will be granted, less an administrative fee of \$20 per student. After the first class, you may submit a withdrawal request and receive a 50% refund. No refunds are given after the second class.

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**FORM OF PAYMENT**

- Cash (Please deliver to the Confucius Institute Office before the first day of class)
- Check (Please deliver to the Confucius Institute Office before the first day of class)
- Money Order
- TOTAL AMOUNT ENCLOSED

**DO YOU AGREE TO THE FOLLOWING (INITIAL):**

- I agree to allow my child's picture to appear on future Confucius Institute's website and printed material.
- I agree to sign a waiver and release of liability for my child before beginning class.

**I WOULD LIKE TO RECEIVE INFORMATION ON UPCOMING CONFUCIUS INSTITUTE CULTURAL ACTIVITIES AND CLASSES BY E-MAIL.**

- Yes
- No

\_\_\_\_\_  
Signature of student or parent/guardian

\_\_\_\_\_  
Date

For questions regarding these courses, please contact Confucius Institute at 402-472-5370 or email [psnyder2@unl.edu](mailto:psnyder2@unl.edu).

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**THOSE ENROLLING MINORS (18 AND UNDER): UNL requires that parents/legal guardians sign a Guardian Youth Waiver form for each minor to enroll in a class. Waiver is attached. Please fill out, sign and return with registration.**

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*Guardian Form (Youth)*  
The Confucius Institute at the  
University of Nebraska-Lincoln

**WAIVER AND RELEASE OF LIABILITY for Confucius Institute Classes and Activities**

**DISCLAIMER: The UNIVERSITY OF NEBRASKA is NOT RESPONSIBLE** for any injury or loss of property to any person suffered while attending and participating in **Confucius Institute Classes and Activities** for any reason whatsoever, including ordinary negligence.

This **WAIVER** and **RELEASE OF LIABILITY** was executed this \_\_\_\_\_ day of \_\_\_\_\_ 2\_\_\_\_\_, at Lincoln, Lancaster County, State of Nebraska by \_\_\_\_\_, (**Guardian**) as Guardian of \_\_\_\_\_ (referred to in this document as Minor) in favor of the **UNIVERSITY OF NEBRASKA and its Regents, Officers, Employees, Instructors, Staff, agents, operators, successors, and assigns (UNIVERSITY)**.

In consideration for the Minor's participation in Confucius Institute Classes and Activities, **Releasor** hereby **RELEASES** and covenants not-to-sue the **Confucius Institute at UNL** for any and all present and future claims resulting from ordinary negligence on the part of the **Confucius Institute at UNL** for property damage, personal injury, or wrongful death arising as a result of engaging in activities or receiving instruction for Confucius Institute Classes or activities thereto, wherever, whenever, or however the same may occur. **Releasor hereby voluntarily waives** any and all claims or actions resulting from ordinary negligence, both present and future, that may be made by **Releasor's family, estate, personal representative, heirs, or assigns**.

In the event of a medical emergency, the Confucius Institute at UNL or its representatives have my permission to take whatever measures they deem reasonable to render assistance and that I and/or my family will be financially responsible for any expense involved.

I have read and understand that this **WAIVER** is intended to be as broad and inclusive as permitted by the laws of the State of Nebraska and agree that if any part is held invalid, the remaining parts of this **WAIVER AND RELEASE** will continue in full force and effect as intended. I further agree that the venue for any legal proceeding shall be in the State of Nebraska.

**Medical-Insurance Information and Consent**

As Guardian of \_\_\_\_\_, he/she is physically capable of participating in all Confucius Institute Classes and Activities under normal, reasonable conditions and medical/health insurance coverage for the minor child is the **Guardian's** responsibility.

Check this box if you do **NOT** want your child's picture to appear on future Confucius Institute's website or printed materials.

\_\_\_\_\_  
**GUARDIAN** (Signed)

\_\_\_\_\_  
(Printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Minor's Name

\_\_\_\_\_  
Minor's Date of Birth