

# Chinese American Parents and Students Association Tutoring Program

## Tutor Agreement Form

10601 Tanager Lane, Potomac, MD 20854-6356

Tutor Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Birthday: \_\_\_\_\_ Telephone: \_\_\_\_\_  
MM/DD/YYYY

Parent/Guardian Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Parent/Guardian Agreement (Complete agreement is required to participate CAPSA activities.)

I will not hold CAPSA or its volunteer staff liable for property damage or personal injury while my family members or I participate in CAPSA activities. I will be responsible for all expenses resulting from property damage or medical emergency incurred by our participation in CAPSA. I authorize the CAPSA volunteer staff to administer first aid and/or take my family members or me to a physician or hospital for emergency treatment if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

☐ \$20 Shared Facility Rental Fee (September 2014 – May 2015)

☐ \$ \_\_\_\_\_ Donation

Please make checks payable to CAPSA

Total: \_\_\_\_\_

CAPSA is a 501(c)(3) non-profit organization. Donations are tax deductible to the full extent allowed by law.

For Official Use Only

© CAPSA 2014-06-05

Receipt No: \_\_\_\_\_ Processed by: \_\_\_\_\_ Date: \_\_\_\_\_