

Chinese American Parents and Students Association Tutoring Program

Tutor Agreement Form

10601 Tanager Lane, Potomac, MD 20854-6356

Tutor Name: _____ Grade: _____

School Name: _____ Sex: _____

Address/City/State/Zip: _____

Telephone: _____ Birthday: _____
MM/DD/YYYY

E-mail Address: _____

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 2013 – May 2014)

☐ \$ _____ 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

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Receipt No: _____ Processed by: _____ Date: _____