

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 (A completed agreement is required to participate in 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 2015 – May 2016)

☐ \$ _____ 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 2015-05-14

Receipt No: _____ Processed by: _____ Date: _____