



CLASS REGISTER APPLICATION FORM

Applicant's Information:			
Today's Date: / /		Enrollment Student: <input type="checkbox"/> New Student <input type="checkbox"/> Returning Student	
Student's Name:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Address:		City:	State:
Home Phone: () -		Cell Phone: () -	
Email (Optional):			
Type of Cultural Class (Check One or More):			
<input type="checkbox"/> Shamanism/Neebyaig	<input type="checkbox"/> Wedding Ritual/Tshoob Kos Meej Koob (Wedding Director) Class March 14 – August 22, 2021 Every Sunday from 12:00pm – 3:00pm	<input type="checkbox"/> Funeral Ritual/Mob Tuag Taw Kev (Soul Guide) Class March 14 – August 22, 2021 Every Sunday from 9:00am – 12:00pm	
<input type="checkbox"/> Txiv Cob Xoiiv Unavailable	<input type="checkbox"/> Kheng/Qeej Unavailable	<input type="checkbox"/> Hmong Culture & Leadership Unavailable	
<input type="checkbox"/> Beginner Language Level	<input type="checkbox"/> Advance Language Level	<input type="checkbox"/> Niam Tsev/Girls Culture Class March 14 – August 22, 2021 Every Sunday from 12:00pm – 3:00pm	
Parent(s)/Guardian(s) of Minor:			
<i>Any student(s) under the minor age of 18 must complete this section by parent(s)/guardian(s). If student(s) are 18+, you may skip this section and continued on to the emergency information than signature at the bottom.</i>			
1. Name:	Relationship to Child:	Phone#:	
2. Name:	Relationship to Child:	Phone#:	
All Persons Authorization to Pick Up Child:			
1. Name:	Relationship to Child:	Phone#:	
2. Name:	Relationship to Child:	Phone#:	
3. Name:	Relationship to Child:	Phone#:	
Emergency Information:			
Allergies (food, medicine, etc.):		Hospital Preference:	
Parent(s)/Guardian(s)/Applicant's Place of Employment:			Work Phone:
1. Name:	Relationship to Child/Applicant:	Phone#:	
2. Name:	Relationship to Child/Applicant:	Phone#:	
3. Name:	Relationship to Child/Applicant:	Phone#:	
<i>I hereby given permission for my child (name) _____ to participate in the Cultural Class of Hmoob Cultural and Community Agency. I understand that to hold harmless and release from liability the Hmoob Cultural and Community Agency, any employee, board members, or chaperon volunteer from any claims, causes of action or other judicial proceedings, costs, expense, damages and liabilities, including attorneys' fees, brought solely as a result of my child's negligence, willful misconduct, accidents, and injuries that may arise as a result of my child's participation.</i>			

HMOOB Cultural & Community Agency, INC
 1815 Ward Avenue, La Crosse, WI 54601
 Phone: (608) 781-5744
 www.hmoobagency.org



HCCA

1815 Ward Avenue, La Crosse, WI 54601 | Phone: (608) 781-5744 | Fax: (608) 781-5011

In the participation for my child needs emergency or medical treatment, every attempt will be made to contact us, the parent(s)/Guardian. In the participation, I/we cannot be contacted, my authorized signature below gives my/our permission to Hmoob Cultural and Community Agency to secure prompt emergency treatment to be given my son/daughter as considered advisable or necessary in the judgement of an emergency medical professional or attending physician.

I have read this and understand its terms by acknowledging that I am signing the agreement voluntarily and with full knowledge of its significance.

Parent(s)/Guardian(s) Signature of Minor:

Date:

Mailing Register Fee/Payments:

Please make checks payable to HCCA...

Mail to: ATTN: Hmoob Cultural and Community Agency
 Cultural Committee Class Registration
 1815 Ward Avenue
 La Crosse, WI 54601

Applicant's Signature:

Date:

HCCA OFFICE USED ONLY:

Date Received: / /

Payment Received By:

Total Registration Fees: \$

Finance Installment: \$

Fee Waived by:

Reasoning for Registration Fee to be Waived:

Culture Committee Chair Signature:

Printed Name:

Date:

HCCA Staff's Signature:

Printed Name:

Date:

Contacts:

Board President: **NaoHoua Tony Yang**

Phone: **608-366-4436**

Email: **yajnzeek@gmail.com**

Vice-President: **Chai Lee**

Phone: **608-397-3106**

Email: **Maiya8@yahoo.com**

Culture Committee Chair: **Za Moua Vang**

Phone: **608-518-0586**

Email: **vangzam@gmail.com**

Office Administrator: **Shoua Thao**

Phone: **608-781-5744**

Email: **shouathao@hmoobagency.org**

If unable to contact any of the listed above, please call HCCA Office at 608-781-5744 to leave a message.