

Student Registration Form

PERSONAL INFORMATION

STUDENT'S NAME _____ 中文名字 _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CELL PHONE NUMBER _____ REFER BY _____

AGE _____ BIRTH DATE _____ EMAIL ADDRESS _____

EMERGENCY CONTACT PERSON _____ PHONE NUMBER _____

PARENTS OR GUARDIAN INFORMATION (For Minors Only)

PARENT'S NAME _____ PHONE NUMBER _____

HEALTH INFORMATION

PREVIOUS INJURIES _____

CURRENT MEDICATION(S) _____

HEALTH CONDITION(S) _____

HEALTH INSURANCE CO _____

OTHER INFORMATION

REASONS FOR JOINING _____

MARTIAL ARTS EXPERIENCE NONE SOME LOTS I CAN BEAT ANYONE

NUMBER OF CLASS PER MONTH 4 6 8 12 DROP IN OCCASSIONALLY

PHOTO & LIABILITY RELEASE

I understand payments are due at the beginning of each month or quarter and it is my responsibility to pay the International Shaolin Wushu Center (ISWC) without a reminder. I understand tuition payment is non-refundable.

I am aware that participation in the ISWC involves potential bodily injury. I hereby hold harmless against ISWC, its teacher, and other students for injuries resulting from activities provided by the school.

I give my permission for ISWC to use photographs and videos of me or my child(ren) for purposes of publicity or publications through various media sources, including but not limited to newspaper, magazine, internet, and television.

I hereby signify by my signature and enter into the release on my or the minor's behalf.

SIGNATURE OF STUDENT 18 YRS OR OLDER _____ DATE _____

SIGNATURE OF PARENT/GARDIAN _____ DATE _____

FOR OFFICE USE ONLY

FREQUENCY PER MONTH: 4X 6X 8X 12X \$_____ PER MONTH or \$_____ PER QUARTER

FITNESS: Wt _____ Ht _____ Pulse _____ Pull ups _____ 1 Min Pushups _____ Long Jump _____