Yinglong Kung Fu Student Enrollment Form

Preferred Name: _____ Preferred Pronouns: _____

Legal Name (First & Last): _____

Guardian Name(s) if under 18: _____

Address: _____City/State/Zip_____

DOB: _____ Primary Phone #: _____ Text messages? ☐ YES ☐ NO

Email Address: _____ Add to Mailing List? ☐ YES ☐ NO

How did you hear about us:_____
(If you were referred by someone specifically, please let us know who it was)

Do you have any previous martial arts training? If so, please indicate how long, and which style.

_____

Do you have any issues that might impact your ability to fully participate in the training?

_____

Emergency Contact Name: _____

Emergency Contact phone: _____

In the event of a medical emergency may staff contact/secure EMS services for you? ☐ YES ☐ NO

I affirm that all information provided is true, and I am applying to become a student of Yinglong Kung Fu.

Signature: _____ Date: _____

Guardian signature: _____ Date: _____

I have been provided with the student handbook and agree to the conditions therein. ***Init.** _____

I have been informed regarding current tuition and fees for training. ***Init.** _____

I would like to start with:	1 month of tuition	☐ 1/week ($30)	☐ 2/week ($60)	☐ Other:
or a discount package:	3-months (10% off)	☐ 1/week ($81)	☐ 2/week ($162)	_____
	6-months (20% off)	☐ 1/week ($144)	☐ 2/week ($288)	_____

I would like to purchase a class T-shirt for $25 (please indicate size preference):
☐ S ☐ M ☐ L ☐ XL ☐ 2XL ☐ Not now thanks!