

**REVOLUTION WING CHUN LAKE PLACID**  
**STUDENT APPLICATION**  
(Please Print)

NAME: \_\_\_\_\_  
(FIRST) (MI) (LAST)

MAILING ADDRESS: \_\_\_\_\_  
(STREET) (APARTMENT #)  
\_\_\_\_\_  
(CITY) (STATE) (ZIP CODE)

HOME TEL: \_\_\_\_\_ WORK TEL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

IF YOU ARE A FULL-TIME STUDENT IN HIGH SCHOOL OR COLLEGE, WHAT IS YOUR STATUS/GRADE? \_\_\_\_\_

How did you find out about Ip Man Wing Chun Lake Placid?

- advertising     demonstration     media (please specify \_\_\_\_\_)  
 another student     online search     other (please specify \_\_\_\_\_)

Have you ever studied martial arts before?     YES     NO

If so, where?	
What style?	
How long did you study?	
Who was your teacher?	
What is your current rank?	
Why did you stop studying?	

What are your primary motivations to study Wing Chun kung fu?  
\_\_\_\_\_  
\_\_\_\_\_

Please list other sports, interests, hobbies, or skills: \_\_\_\_\_

**REVOLUTION WING CHUN LAKE PLACID**  
**STUDENT APPLICATION**

(Please Print)

**PERSONAL MEDICAL INFORMATION**

**(NOTE: ALL OF THE INFORMATION IN THIS SECTION WILL BE TREATED AS STRICTLY CONFIDENTIAL, AND WILL BE USED ONLY IN THE DETERMINATION OF THE APPLICANT'S FITNESS TO PARTICIPATE IN MARTIAL ARTS ACTIVITIES WITH IP MAN WING CHUN LAKE PLACID AND IN CASE OF EMERGENCY.)**

Do you have any medication allergies? or life-threatening allergies?  YES  NO

If yes, please explain:

---

Do you have any medical/physical conditions that an emergency medical technician or medical worker should know about (Example: blood-thinning medication, diabetes, contact lenses, etc.)?  YES  NO

If yes, please explain:

---

---

Do you have any medical/physical conditions that may affect you or your ability to participate in class (for example, knee or back problems, neck injury)?  YES  NO If yes, please explain:

---

Emergency contact (Please Print): \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

**WING CHUN KUNG FU RULES OF CONDUCT**

By being a student of Ip Man Wing Chun Lake Placid (henceforth referred to as “school”), I agree to obey all of the rules and regulations that the school has established or hereafter establishes. I acknowledge and will honor the following Wing Chun Rules of Conduct to the best of my ability:

- Remain disciplined – uphold myself ethically as a martial artist
- Practice courtesy and righteousness – serve the community and honor my family
- Love my fellow students or classmates – be united and avoid conflicts
- Limit my desires and pursuit of bodily pleasures – preserve the proper spirit
- Train diligently and make it a habit – maintain my skills
- Learn to develop spiritual tranquility- abstain from arguments and fights
- Participate in society – be conservative, cultured and gentle in my manners
- Help the weak and the very young- use my martial skill for the good of humanity
- Pass on the tradition – preserve this Chinese art and its rules of conduct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (if under 18 yrs): \_\_\_\_\_

**REVOLUTION WING CHUN LAKE PLACID  
STUDENT APPLICATION**

(Please Print)

\*\*\*\*\*

**AGREEMENT, ASSUMPTION OF RISKS, AND WAIVER OF LIABILITY**

To the best of my knowledge, I am in good physical condition and fully able to participate in this martial art. I am fully aware of the risks and hazards connected with the participation in Ip Man Wing Chun Kung Fu, including physical injury and even death, and hereby elect to voluntarily participate, knowing that the associated physical activity may be hazardous to me and my property. I voluntarily assume full responsibility for any risks or loss, property damage or personal injury that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this class. I further certify that I am at least 18 years of age. If under 18, my parent/guardian has signed below on my behalf.

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, Ip Man Wing Chun Lake Placid, James Gann, their officers, servants, agents, students and employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the classes or event is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family, present and former spouses or life partners, if I am alive, and my heirs, assigns, friends, and personal representative, if I am deceased, and shall be deemed as a RELEASE, WAIVE, DISCHARGE, and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the State of New York.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Liability and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name (Please Print): \_\_\_\_\_

**If Applicant Is A Minor At Time of Application:**

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name (Please Print): \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

**REVOLUTION WING CHUN LAKE PLACID**  
***STUDENT APPLICATION***  
(Please Print)

\*\*\*\*\*

**FOR REVOLUTION CHUN LAKE PLACID USE ONLY**

Application Date: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
James Gann, Instructor