



# International Chi Institute

## School Pick-Up & Kung Fu Enrichment Registration (Spring 2025)

1532 Webster St, Alameda, CA 94501

Master Yan, (415) 832-0118 kungfumasteryan@gmail.com

Student Name	Date of Birth	Gender	Grade	Room#	Signup Date

### Address

Home Address:	School Name:
School Address:	Shuttle Service: Yes/No

### Cell Phone

### E-mail Address

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### Emergency Contact

### Relationship to Student

### Emergency Contact Phone #

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### Parent/ Guardian Information (Required for all students under 18 years old)

### Guardian Name

### Relationship to student

### Phone #

### Child lives with you?

			Yes / No
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Jan					Feb					Mar					Apr					May					Jun				
M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F	M	Tu	W	Th	F
6	7	8	9	10	3	4	5	6	7	3	4	5	6	7	1	2	3	4	5	5	6	7	8	9	2	3	4	5	6
13	14	15	16	17	10	11	12	13	14	10	11	12	13	14	7	8	9	10	11	12	13	14	15	16	12	13	14	15	16
20	21	22	23	24	17	18	19	20	21	17	18	19	20	21	14	15	16	17	18	19	20	21	22	23	19	20	21	22	23
27	28	29	30	31	24	25	26	27	28	24	25	26	27	28	21	22	23	24	25	26	27	28	29	30	26	27	28	29	30
1/20: MJK Jr 1/31: Staff Development Day					2/17-2/21: Presidents week										4/7-4/11: Spring break					5/26: Memorial Day									
# of days:					# of days:					# of days:					# of days:					# of days:					# of days:				
TTL \$:					TTL \$:					TTL \$:					TTL \$:					TTL \$:					TTL \$:				

It is the parent's responsibility to pick up the child/children after class.

I (and my child) agree to faithfully comply with all rules and regulations of instructors and tradition of martial arts, failure of doing so may result in expulsion. In consideration of being permitted to participate in the martial art classes, any programs or workshops I agree to hold all instructors, and International Chi Institute harmless from any and all damages and injuries during classes and performances at all times. I hereby knowingly and voluntarily assume all risk of injury on my child's behalf while he/she is participating in any programs. I understand that it is my responsibility to consult with a physician prior to and regarding my child's participation in martial class classes, programs, and workshops. I represent and warrant that my child is physically fit and my child has no medical condition, which would prevent his/her full participation in exercise classes, programs or workshops.

I give permission to use photography and videos taken of my child during the course of the martial art program. I understand that such material will be used for educational, outreach, and promotional purposes, and waiver any rights of ownership.

I have read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above. (As legal guardian of \_\_\_\_\_,) I consent to the above terms and conditions.

X \_\_\_\_\_

Signature of parent / guardian of participant / Students (Over 18 years of age)

\_\_\_\_\_

Date