



International Chi Institute

2025 QiGong Meditation Classes

1532 Webster St, Alameda, CA94501

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



Application Form

Student Name _____ DOB _____ Grade _____ Gender _____

Phone# _____ Emergency phone# _____ E-mail address _____

Address: _____

Session	Dates - Fri	Yes / No	Cost: \$30/class
1	Nov 7		
2	Nov 14		
3	Nov 28		
4	Dec 5		
5	Dec 12		
6	Dec 19		
Total			

Office Use Only: Total Received: _____ Date: _____

Zelle PMT to: KungFuMasterYan@gmail.com(Chin Lau) or Check payable to International Chi Institute

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

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 Summer Camp or martial art classes, programs or workshop I agree to hold all instructors, and International Chi Institute harmless from any and all damages and injuries during classes and performances at all time. 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 courses 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 ready 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