



International Chi Institute

After School Tutoring & Enrichment Registration

1532 Webster St, Alameda, CA 94501

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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

Emergency Contact	Relationship to Student	Emergency Contact Phone #

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

Guardian Name	Relationship to student	Phone #	Child lives with you?
			Yes / No

Aug-21					Sep-21					Oct-21					Nov-21					Dec-21									
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					
16	17	18	19	20	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25
23	24	25	26	27	6	7	8	9	10	4	5	6	7	8	8	9	10	11	12	6	7	8	9	10	13	14	15	16	17
30	31				13	14	15	16	17	11	12	13	14	15	15	16	17	18	19	13	14	15	16	17					
					20	21	22	23	24	18	19	20	21	22	22	23	24	25	26										
					27	28	29	30	25	26	27	28	29	29	30														
					9/6/21: Labor Day					10/8/21: AUSD Staff Development Days					11/11/21: Veteran's Day 11/22-11/26: Winter Break					12/20/21-1/2/22: Winter Break									
# of days:					# of days:					# of days:					# of days:					# of days:									
TTL \$:					TTL \$:					TTL \$:					TTL \$:					TTL \$:									

It is 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 expelled.

In consideration of being permitted to participate in the martial art classes, any 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 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 for course of the martial art program. I understand that such material will be used for educational, outreach, and promotional purpose, 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