



# International Chi Institute

## 2024 Thanksgiving Kung Fu Camp



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: \_\_\_\_\_

#### Please circle your lunch selections

11/25 Mon	11/26 Tue	11/27 Wed
A. Hamburger Happy Meal with Milk	A. Mazzarella Cheese Pizza w/ Juice	A. Chicken Chow Mein
B. 4 Piece Chicken McNugget Happy Meal with Milk	B. Pepperoni Pizza w/Juice	B. Beef Fried Rice
C. 6 Piece Chicken McNugget Happy Meal with Milk		Note: Vegetarian option is available. Please contact us.
Dine-in McDonald		

Session/Day	Date	Cost
#1 - M	Nov 25, 2024	\$100
#2 - T	Nov 26, 2024	\$100
#3 - W	Nov 27, 2024	\$100
New Student T-shirt		\$20
Total:		

Lunches are included & optional  
Sibling Discount: 20% off for 2nd & 3rd kid  
Registration Fee: Waive

Please list out all allergies (or none): \_\_\_\_\_

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