International Chi Institute
2026 Tai Chi & QiGong Class Registration

649 Pacific Ave, Alameda, CA94501
Master Yan (415) 832-0118 KungFuMasterYan@gmail.com

Application Form

Student Name _____ Age_____ Grade _____ Gender _____

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

Address: _____

Session	Please check	Fee
Wednesdays $425	☐	
Fridays $450	☐	
Satursdays $375	☐	
Drop -In (Pay on the day)	☐	
T-shirt $25	☐	
	Total:	

Wed 9:30-10:30am
Aug 12, 19, 26
Sept 2, 9, 16, 23, 30
Oct 7, 14, 21, 28
Nov 4, 18
Dec 2, 9, 16
17 lessons: $425 (free T-shirt)
or drop-in $30 ($25 T-shirt)
Instructor: Master Yan

Fri 7-8pm
Aug 14, 21, 28
Sept 4, 11, 18, 25
Oct 2, 9, 16, 23, 30
Nov 6, 13, 20
Dec 4, 11, 18
18 lessons: $450 (free T-shirt)
or drop-in $30 ($25 T-shirt)
Instructor: Master Yan

Sat 10-11am
Aug 15, 22, 29
Sept 5, 12, 19, 26
Oct 3, 10, 17, 24, 31
Nov 7, 14, 21
15 lessons: $375 (free T-shirt)
or drop-in $30 ($25 T-shirt)
Instructor: Master Liang Keming

Office Use Only: Total Received: _____ Date:_____

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

I 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 martial art classes, 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 behalf while I am participating in any programs. I understand that it is my responsibility to consult with a physician prior to and regarding my participation in martial class classes, programs, and workshops. I represent and warrant that I am physically fit and I have no medical condition, which would prevent my full participation in exercise classes, programs or workshops.

I give permission to use photography and videos taken of me 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.

I consent to the above terms and conditions.

Signature: _____ Date: _____