



# NINE TIGERS KUNG-FU

**After School Registration Form Pg 1**  
321 Elm St. Biddeford, ME 04005  
www.ninetigerskungfu.com  
(207) 303-4550 • SifuSteveMulloy@gmail.com

Date: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### *Parent Information (if under 18 years of age)*

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION**

Please list two emergency contacts other than those listed above:

Name	Relationship	Home Phone	Work Phone

Name	Relationship	Home Phone	Work Phone

### **MEDICAL PROBLEMS/ALLERGIES**

\_\_\_\_\_  
\_\_\_\_\_



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### ***EMERGENCY MEDICAL RELEASE***

If emergency medical care is necessary and I cannot be reached, I authorize NINE TIGERS KUNG FU to act in my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

### ***PROGRAM OFFERINGS • MON-FRI for only \$80***

The Nine Tigers After School Program will run 5 Days Per week, Monday through Fridays 3:00pm to 6:00pm at a cost of \$80. As part of the program, children have the option to take Kung Fu Lessons, 2 or 3 times per week from 5:15pm-6:00pm. Students not scheduled for a class that day will have extra time to spend on school work or creative projects. Please circle all days in which your child could participate in Kung Fu Lessons. We will use your request to create a Full Kung Fu Class Schedules to fit everyone's needs, availability, skill level & age.

Monday

Tuesday

Wednesday

Thursday

Friday

*2 & 3 Day Per Week Programing is available - Please inquire within for more information*

### ***DEPOSIT (Make Payable to Nine Tigers Kung Fu)***

***Please mail completed registration form & deposit to Nine Tigers Kung Fu - PO Box 1571, Biddeford ME 04005***

A \$40 deposit must be mailed in along with this application to hold a spot in the program. The amount due is equal to the half of the first weeks tuition payment. Once we receive your registration and finalize your enrollment you will receive a confirmation email from ***SifuSteveMulloy@gmail.com***

### ***Release of Liability***

*I hereby acknowledge that there is a risk of injury associated with the study of Kung Fu. Accordingly I herby release Nine Tigers Kung Fu, The School, it's principles, instructors and other associates with the school for any and all liability for injuries that I may suffer as a result of my association with the school.*

*Consent is given for using names, photos & videos by Nine Tigers Kung Fu on its website or for any promotional or advertising material for Nine Tigers Kung Fu; it is expressly understood that names, photographs & videos will not be used for any other purpose without further written consent.*

***Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_