



NINE TIGERS KUNG-FU

Summer Registration Form 2025 Page 1
321 Elm St. Biddeford, ME 04005
www.ninetigerskungfu.com
(207) 303-4550 • SifuSteveMulloy@gmail.com

Date: _____ Parent Email: _____

Student's Name: _____ Age: _____ D.O.B. _____

Address: _____

City: _____ State: _____ Zip: _____ T-Shirt Size: _____

Home Phone: _____ Cell Phone: _____

Parent Information (if under 18 years of age)

Parent/Guardian #1 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

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MEDICAL PROBLEMS / ALLERGIES

Weekly Themes & Dates • \$295 Each Week • Ages 6-12
Please check of each week that your child will be attending.

- Week 1: "Warrior Week" July 7-11**
- Week 2: "Jumping Into Action" July 14-18**
- Week 3: "Friendship Through Kung-Fu" July 21-25**
- Week 4: "Year Of The Snake" July 28-Aug 1**
- Week 5: "Fly Like An Eagle" Aug 4-8**



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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

PERMISSION TO TRANSPORT

Students will participate in weekly field trips during each of our Summer Programs. Students will be transported by Sifu Steve Mulloy and the Nine Tigers Kung Fu team via 10 passenger van to and from each location. I authorize NINE TIGERS KUNG FU to transport my child to and from each field trip location.

Parent/Legal Guardian Signature

Date

RELEASE OF LIABILITY & PHOTO CONSENT

I hereby acknowledge that there is a risk of injury associated with the study of Kung Fu. Accordingly I hereby 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.

Parent/Legal Guardian Signature

Date

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information	
Card Type:	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card):	_____
Card Number:	_____
Expiration Date (mm/yy):	_____ CVC _____
Cardholder ZIP Code (from credit card billing address):	_____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date