| Mmg and | E TIGER)NG-FU | | Camp Regis 321 Elm St. E www.nine 303-4550 • Sit | Biddeford tigerskun | , ME 04005 |
|---|-------------------|-------------|---|------------------------|-------------------|
| Date: | Parent | Email: | | | |
| Student's Name: | | | Age: | D.O.B. | |
| Address: | | | | | |
| City: | State: | | Zip: | | _ |
| Home Phone: | | Cell Phone: | | | |
| Parent Information (if under 18 y | ears of age) | | | | |
| Parent/Guardian #1 Name: | | | | | |
| Address: | | | | | |
| City: | State: | | Zip: | | _ |
| Home Phone: | | Cell Phone: | | | |
| Parent/Guardian #2 Name: | | | | | |
| Address: | | | | | |
| City: | State: | | Zip: | | _ |
| Home Phone: | | Cell Phone: | | | |
| EMERGENCY CONTACT INFO Please list two emergency contacts | | | | | |
| Name | Relationship | | Home Phone | | Work Phone |
| Name | Relationship | | Home Phone | | Work Phone |
| MEDICAL PROBLEMS/ALLER(| GIES | | | | |
| | | | | | |



Camp Registration Form Pg 2 321 Elm St. Biddeford, ME 04005 www.ninetigerskungfu.com (207) 303-4550 • SifuSteveMulloy@gmail.com

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 be driven via 15 passenger van from Nine Tigers Kung Fu, 321 Elm Street, Biddeford, ME to Oceanwood Camp, 17 Royal Street, Ocean Park, ME and back each day. By Signing below, I give my child permission to be driven in this manner each day, Monday, August 17 through Friday, August 21.

Parent/Legal Guardian Signature

Date

Please mail completed registration form & camp fee to Nine Tigers Kung Fu - 321 Elm St, Biddeford ME 04005

Full payment must be mailed in along with this application to hold a spot in the program. Once we receive your registration and finalize your enrollment you will receive a confirmation email from *SifuSteveMulloy@gmail.com*

Release of Liability & Photo Consent

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: _____