

Fall Demo Team 2024 Form 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: _				
Home Phone:		Cell Phone:					
Parent Information (if under 18 years of age)							
Parent/Guardian #1 Name:							
Address:							
City:	State: _			Zip:			
Home Phone:		Cell Phone:					
Parent/Guardian #2 Name:							
Address:							
City:		Cell Phone:		_			
EMERGENCY CONTACT INFORMATION Please list two emergency contacts other than those listed above:							
Name R	Relationship		Home l	Phone		Work Phon	ne
Name R	Lelationship		Home l	Phone		Work Pho	ne
MEDICAL PROBLEMS/ALLERGIES							



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Weekly Program Rate • \$65

EMERGENCY MEDICAL RELEASE	
	reached, I authorize NINE TIGERS KUNG FU to act in my mergency medical treatment. Parents are responsible for all
Parent/Legal Guardian Signature	Date
Nine Tigers Kung Fu employee in a Nine Tigers Kung	eam Program. This program involves after school pick up by a Fu authorized vehicle. I understand that you require my ere is any change in the program, or if I decide to discontinue
Parent/Legal Guardian Signature	Date
School Name & Address	School Pick-Up Time
Nine Tigers Kung Fu, The School, it's principles, instru- liability for injuries that I may suffer as a result of my a Consent is given for using names, photos & videos by I	ciated with the study of Kung Fu. Accordingly I herby release actors and other associates with the school for any and all association with the school. Nine Tigers Kung Fu on its website or for any promotional or
advertising material for Nine Tigers Kung Fu; it is expused for any other purpose without further written cons	ressly understood that names, photographs & videos will not be sent.
Parent/Legal Guardian Signature	Date