



# NINE TIGERS KUNG-FU

**Fall Demo Team 2025 Form Page 1**  
366 Elm St. Biddeford, ME 04005  
[www.ninetigerskungfu.com](http://www.ninetigerskungfu.com)  
(207) 303-4550 • [SifuSteveMulloy@gmail.com](mailto: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: \_\_\_\_\_ 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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_____	_____	_____	_____
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## **MEDICAL PROBLEMS/ALLERGIES**

\_\_\_\_\_

\_\_\_\_\_



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**Weekly Program Rate • \$70**

### ***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***

I want my child to take part in the Nine Tigers Demo Team Program. This program involves after school pick up by a Nine Tigers Kung Fu employee in a Nine Tigers Kung Fu authorized vehicle. I understand that you require my consent before allowing my child to be picked up. If there is any change in the program, or if I decide to discontinue any pick-up service, I will notify the school directly.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Name & Address

\_\_\_\_\_  
School Pick-Up Time

### ***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, its 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