



Honor Kung Fu Academy



2019 Summer Camp

688065th St #60, Sacramento, CA 95828

Master Tian, (510) 643-6699

Application Form

Name _____ DOB _____ Grade _____ Gender _____

Phone# _____ Emergency phone# _____ E-mail address _____

| June | | | | | July | | | | | August | | | | | |
|------|----|----|----|----|------|----|----|----|----|--------|----|----|----|----|----|
| Mo | Tu | We | Th | Fr | Mo | Tu | We | Th | Fr | Mo | Tu | We | Th | Fr | |
| 10 | 11 | 12 | 13 | 14 | 01 | 02 | 03 | 04 | 05 | | | | | 01 | 02 |
| 17 | 18 | 19 | 20 | 21 | 08 | 09 | 10 | 11 | 12 | | | | | | |
| 24 | 25 | 26 | 27 | 28 | 15 | 16 | 17 | 18 | 19 | | | | | | |
| | | | | | 22 | 23 | 24 | 25 | 26 | | | | | | |
| | | | | | 29 | 30 | 31 | | | | | | | | |

*No Class at July 4th

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|--|---|
| <p>*\$40/Day sign in before April; \$50/Day sign in between April 1st -- May 31st</p> <p>* Registration Fee \$40 (Uniform Included)</p> <p>*One week minimum</p> <p>* No Lunch provided; No Class at Sat & Sun</p> <p>* Summer classes are Monday through Friday</p> <p>*Summer Camp Time: 06/10/2019 -- 08/02/2019</p> | <h3>Summer Class Daily Schedule</h3> <p>8:30am -- 9:30am Lion Dance</p> <p>10:00am -- 11:30am Kung Fu</p> <p>12:00pm -- 12:30pm Lunch Time</p> <p>12:30pm -- 1:30pm Kung Fu Movies</p> <p>1:40pm -- 3:00pm Kung Fu Academic Time (June: Nun Chuck; July: Fan)</p> |
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*It is parent's responsibility to pick up the child/children after class.

I (and my child) agree to faithfully comply with all rules and regulations of instructors and tradition of martial arts, failure of doing so may result in expelled.

In consideration of being permitted to participate in the martial art classes, programs or workshop. I agree to hold all instructors, and Honor Kung Fu Academy harmless from any and all damages and injuries during classes and performances at all time. I hereby knowingly and voluntarily assume all risk of injury on my child's behalf while he/she is participating in any programs. I understand that it is my responsibility to consult with a physician prior to and regarding my child participation in martial class classes, programs, and workshops. I represent and warrant that my child is physically fit and my child has no medical condition, which would prevent his/her full participation in exercise classes, programs or workshops.

I give permission to use photography and videos taken of my child during the course for course of the martial art program. I understand that such material will be used for educational, outreach, and promotional purpose, and waiver any rights of ownership.

I have ready the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions stated above.

(As legal guardian of _____,) I consent to the above terms and conditions.

X _____

Signature of parent / guardian of participant / Students (Over 18 years of age)

Date