



# 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 4<sup>th</sup>**

\*\$40/Day sign in **BEFORE** April 1<sup>st</sup>; \$50/Day sign in **AFTER** April 1<sup>st</sup> (some of free equipment will be given)

\* Registration Fee \$40 (Uniform Included)

\*One week *minimum* for sign in to camp

\* *No* Lunch provided

\* Summer classes are *only* Monday through Friday

\*Summer Camp Time:

**06/10/2019 -- 08/02/2019**

### Summer Class Daily Schedule

8:30am -- 9:30am      Lion Dance

10:00am -- 11:30am    Kung Fu

12:00pm -- 12:30pm    Lunch Time

12:30pm -- 1:30pm     Kung Fu Movies

1:40pm -- 3:00pm      Kung Fu Academic Time

(June: Nun Chuck; July: Fan)

\*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