

Shaolin Institute
Summer Kung Fu & Oriental Culture Training Day Camp
Registration Form

Please **PRINT** the following information:

Participant Name: _____ Likes to be called: _____ Gender: Male Female

Date of Birth: _____ Age _____

Parent(s) Name: _____ Home email: _____

Home Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone #1: _____ Contact Phone #2: _____

Emergency Contacts:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Medical Information:

Allergies or Sensitivities: _____

Food Restrictions for any reasons: _____

Other relevant medical information: _____

Camp Fees:

Day Training Regular Kids Camp (5 day /week) (\$299.00) x ___ (# students) = _____

Extended Day training Camp (6-day/week) \$350.00) x ___ (#students) = _____

There is a one-time registration fee of \$50 per child.

If registering more than one child, the cost per added child is: \$269.00/Full Week OR \$94.00/Individual Day

\$50.00 (Reg.) x _____ (# children) = _____
Total Amount Due



Method of Payment: (Select one)

Visa ___ MC ___ DC ___ Amex ___ Check # _____ (Make checks payable to: Liu Shaolin Institute)
(There is a \$35 service charge for all returned checks)

Card Number _____ Expiration date _____ Security Code: _____

Name as it appears on the card (please print): _____

Signature _____ Date: _____

Cancellation Policy: The registration fee is non-refundable. A 50% refund will be given if cancellation is made a full two weeks prior to the camp session beginning. After two weeks prior, no refund will be made.

Important information:

Notes/Comments: _____

Short Term Waivers & Release of Liability

I, the undersigned, knowingly and without duress, do voluntarily submit this form to the said Liu Institute International, Shaolin Temple or its affiliates. I do hereby assume all risk of personal, physical, or mental disabilities, injuries or losses, which may result from participating in the Liu Institute International and acting for myself, my heirs, personal representatives, and assignees, I hereby release the said Liu Institute and affiliates, their officers, agents, representatives, servants, employees, and all other related members from all claims, actions, suits, controversies, claims at law or in equity by stand that there is a risk of injury in all activities, and I assume full responsibility for my actions, during and in connection with said Liu Institute and affiliates

Authorization to consent to treatment of a minor:

We the undersigned parent(s) or guardian(s) of _____, a minor, do hereby authorize adult workers with L.I.U. International Shaolin Institute (d/b/a Shaolin Institute) as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We further assume all responsibility for the decisions so made and the emergency care or treatment so secured for my/our child. We understand that given proper time and circumstances, we will be notified by phone when treatment is needed. If time and circumstances do not permit, we will not be notified until after medical treatment.

Participant or Parent(s)/Guardian(s): _____ Date: _____

Media Release Authorization:

We, the undersigned parent(s) or guardian(s) of _____, a minor, do hereby grant permission to L.I.U. International Shaolin Institute (d/b/a Shaolin Institute) to use the likeness of my child in any video, electronic (web) promotional or educational materials as they see fit..

Participant or Parent(s)/Guardian(s): _____ Date: _____

By signing your name and date below - you indicate that you consent to the Statements of Waiver & Releases of Liability above and that you are at least 18 years of age. For individuals under 18 years of age, a parent must sign in lieu of the minor's consent:

Participant or Parent(s)/Guardian(s) _____ Date _____

The Liu Institute International and its affiliates reserve the right to rearrange the retreat schedules. The Liu Institute and affiliates reserve the right to cancel any classes at any time due to lack of commitment www.shaolin-world.net.