Doc-Fai Wong Martial Arts Centers

Application for: **Tai Chi** ❑ **Kung Fu** ❑ **Chi Kung** ❑ (Please Print)

Name: _____ _____ _____
Last First M.I.
Birth date: _____ Birthplace _____ Single ❑ Married ❑
Address:_____ City _____ State _____ Zip _____ Male ❑ Female ❑
Phone: (Home) _____ (Cell) _____
E-Mail_____@_____
Education:_____ Social Security#_____/_____/_____
Employer:_____ Occupation_____ Work Phone: _____
Employer address:_____
Martial Arts Background: Style_____ Rank_____ Years of Training_____
Instructor_____ Location_____

Referral : Walk by ❑ Friend ❑ Yellow Pages ❑
Other:_____

Learning Objectives

❑ Physical Fitness	❑ Coordination	❑ Improve Grades
❑ Weight Control	❑ Self Confidence	❑ Goal Completion
❑ Stress Management	❑ Self Control	❑ Strength to say "NO"
❑ Greater Energy	❑ Self Discipline	❑ Meet New Friends
❑ Self Defense	❑ Self Esteem	❑ Competition
❑ Flexibility	❑ Respect for Others	❑ Recreation

- Are there any existing physical conditions such as brittle bones, weakened or damaged joints, torn muscles or any condition which can lead to being easily injured? ❑ YES ❑ NO If **YES** Explain: _____ (use reverse for more space)
- Do you have any physical problems that would prevent you from training regularly? ❑ YES ❑ NO _____
- Is there anything else that may impact your ability to train? ❑ YES ❑ NO If **YES** Explain: _____
- Do you smoke? ❑ YES ❑ NO If **YES** how many packs per day._____
- Do you drink alcohol? ❑ YES ❑ NO If **YES** how much per day._____
- How long have you been living in the area? _____
- How long have you been thinking of getting involved in a Martial Art? _____
- Can you attend at least two classes per week? ❑ YES ❑ NO - Will you be in the area for the next year? ❑ YES ❑ NO

I, the undersigned, do hereby voluntarily submit my application for admission to Doc-Fai Wong Martial Arts Centers for attendance and participation in lessons at Doc-Fai Wong Martial Arts Centers.

Furthermore, I do hereby assume full responsibility for any and all damages, injuries, or losses that I may sustain or incur, if any, while participating in any activity at or for Doc-Fai Wong Martial Arts Centers.

Furthermore, I do hereby waive all claims against the instructors and/or fellow students of said classes, and the owner of the building, for any injuries which I may sustain in the course of activities at or for Doc-Fai Wong Martial Arts Centers.

Furthermore, I voluntarily consent that any picture furnished by me or any pictures taken of me in connection with **Doc-Fai Wong Martial Arts Centers** may be used for publicity and/or promotion of same. Furthermore, I waive the right to any compensation in regard thereto.

I understand that there are **NO REFUNDS** for any fees or tuition paid by me for the classes at **Doc-Fai Wong Martial Arts Centers**, unless the classes or courses in which I am involved are discontinued. I also realize that I am responsible for payment in a regular and timely manner.

Signature of Applicant_____ Date: _____

If applicant is under eighteen years of age, this release and consent must be signed by a parent or legal guardian.

Signature of Parent/Guardian:_____ Date: _____
Print Name of Parent/Guardian:_____