



Vermont Kung Fu Academy

167 Pearl Street (Route 15) Essex Junction, VT 05452
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www.vermontkungfu.com

APPLICATION FORM

Program:

- Adult Child Ba Gua
 Tai Chi _____

Name _____ Date _____

Address _____ Town _____ Zip _____

Home Phone _____ Email _____

Date of Birth _____ Age _____ Height _____ Weight _____ Sex M F

Occupation _____ Work Phone _____

How did you hear about the Academy? Yellow Pages Website Demonstration Poster Driving By

Newspaper Brochure Friend Family Member Other _____

Are you currently on medication? No Yes _____
(if yes, please list)

Are you restricted by any physical/mental disabilities No Yes _____
(if yes, please explain)

Is any type of physical activity restricted by your physician? No Yes _____
(if yes, please explain)

Name of physician _____ Phone number _____

In case of emergency, contact _____ Phone number _____

_____ Release from Liability _____

The undersigned understands the risks associated with strenuous physical activity and hereby acknowledges that there is a risk of physical injury associated with the study of Kung Fu. Accordingly, I hereby release the Vermont Kung Fu Academy, (Academy), its principals, instructors, and others associated with the Academy from any and all liability for injuries I may suffer as a result of my association with the Academy.

Signed _____ Date _____

_____ Applicants under 18 years of age _____

I am the parent or guardian of the applicant named above. I hereby consent to this applicant's participation in the Kung Fu class on the terms, conditions, and agreements set out above. As parent or guardian of this applicant and for my heirs, administrators, executors or assigns, I agree to be bound by all terms, conditions and agreements stated here in consideration of the acceptance of this application.

Furthermore, if I cannot be contacted in the event of a medical emergency requiring immediate attention, I hereby consent to allow the Academy to take action to place this applicant into the care of a qualified health care professional and/or an appropriate medical treatment authority or facility, and do hereby release the Academy, its principals, instructors, and others associated with the Academy from any and all liability for any consequence arising from such action.

Signed _____ Date _____