

Registration Form 2017

East West Institute / Great Dragon Tai Chi – Kung Fu Academy

Program/Activity Name: **Kung Fu, Tai Chi, Self-defense, Chinese, ESL English, Computer / IT certification training classes**

Ages: **5+**

Location: **Willow Grove \ Hatboro \ Philadelphia \ Newtown, PA; Lawrenceville, NJ; Online (Virtual Classes)**

Director: **Master Matt Zhang; Dr. Ronald Miros**

Selection:	1. TAI CHI	Willow Grove\Hatboro\Philly, PA	twice a week	\$120 /month
	2. TAI CHI	Newtown, PA Fri	7:30 ~ 8:30 PM	\$50 /month
	3. TAI CHI	Lawrenceville, NJ Sun	3:00 ~ 4:00 PM	\$60 /month
	3. KUNG FU	Willow Grove\Hatboro\Philly, PA	twice a week	\$120 /month
	5. Self-defense	Willow Grove\Hatboro\Philly, PA	twice a week	\$120 /month
	6. KUNG FU	Newtown, PA Fri	9:00 ~ 10:00 PM	\$50 /month
	7. KUNG FU	Lawrenceville, NJ Sun	4:30 ~ 5:30 PM	\$60 /month
	8. Private Lessons (Mon – Sun) by appointment		\$60-80 per class	

--- Including Tai Chi Push-hands, weapons, pressure points, Qi Gong, Self-defense, and combat strategies, etc.
** One-time Registration fee and start-Kit for Tai Chi, Kung Fu classes: \$120 (including uniform, belt/sach, DVD, music and a free lesson)*

Registrant's Information:

First Name:				Last Name:		
Age:			DoB:			Male Female (circle one)
Home Phone:				Cell Phone:		
Address:						
City/State/Zip:						
Email Address:						

Parent/Guardian:

Child lives with this person: **Yes No** (circle one)

Full Name: _____

Work Phone/Cell Phone: _____

Special Needs/Medication:

Payment Information:

Payment Method: Online PayPal Check Cash (circle one)

Online Payment: <http://realtaichikungfu.com/Registration.php> -- click "Pay Now"

PayPal Account Number: mzhang@eastwest.us or taichigong@gmail.com

Make check payable to: "East West Institute"

QuickPay via Zelle: xyzhang8@gmail.com

Paid total amount: _____

Release:

- I grant permission for a licensed physician and hospital to provide emergency care for the above-mentioned individual. Ambulance cost is my responsibility.
- To the best of my knowledge, the participant is in good health and is able to participate in the activity. I understand that while the recreation program staff makes the safety of participants its top priority, no recreational activity is without some inherent risk of bodily harm.
- In case of accidents, I release East West Cultural Institute from all claims to personal injury and property damage which may result from participation in the above trip, activity, camp and other programs.
- The participant will abide by all rules and regulations set forth by East West Cultural Institute relating to participation in the above trip and activity.
- As an adult parent/guardian, I am responsible for all transportation to and from the activity or bus pick-up point. **I have read and understood, and agree to the above items.**

Signature:	Date:

Registration Methods:

Onsite or Online Registration ---
<http://realtaichikungfu.com/Registration.php>

Payment:

Cash (only when registering in person)
 Check payable to "East West Institute"

Address:

110 Lawnton Road
 Willow Grove, PA 19090

Ph: 267-231-0111
 215-259-3038

Email: xyzhang8@gmail.com