

## Great Dragon Tai Chi – Kung Fu Academy Registration Form

Program/Activity Name: **Kung Fu / Tai Chi**

Ages: **6+**

Location: **Willow Grove / Hatboro, PA 19090**

Director: **Master Matt Zhang**

- |                                  |                      |             |
|----------------------------------|----------------------|-------------|
| 1. <b>TAI CHI – Beginner</b>     | Sun 9:00 ~ 10:00 AM  | \$60 /month |
| 2. <b>TAI CHI – Intermediate</b> | open                 | \$80 /month |
| 3. <b>KUNG FU – Kids</b>         | Sun 10:00 - 11:30 AM | \$80 /month |
| 4. <b>KUNG FU – Adults</b>       | Sun 11:30 - 12:30 AM | \$60 /month |
| 5. <b>Self-defense</b>           | Sun 11:30 - 12:30 AM | \$60 /month |

- Selection: 6. **Qi Gong** open
7. **Private Lessons (Mon – Sat) by appointment** **\$50-60 per class**

--- Including Tai Chi Push-hands, weapons, tips and strategies, etc.

\* *20% off for the 2nd class, 30% for the 3rd class, 40% off for the 4th class, .....*

\* *Registration fee and start-Kit: \$120 (including uniform, DVD, music and a free lesson) for new student; \$10 Registration fee for old students.*

**Registrant's Information:**

First Name:		Last Name:	
Age:	DoB:	Male	Female <b>(circle one)</b>
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:	PayPal Check Cash <b>(circle one)</b>
My PayPal Account Number:	matt-zhang@juno.com
Your PayPal Account Number:	
Check #:	
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:**

Online (PayPal)  
Mail or Fax Registration Form

**Payment:**

Cash (only when registering in person)  
Check (payable to "Matt Zhang")

**Address:**

110 Lawnton Road  
Willow Grove, PA 19090

**Ph: 267-231-0111**

**215-259-3038**  
Email: [taichigong@gmail.com](mailto:taichigong@gmail.com)