

WAH LUM KUNG FU TEMPLE

851 N. Goldenrod Road, Orlando, FL 32807 407/275-6177

Training Program Application

NAME: _____ DATE OF BIRTH: _____

SS# _____ EMAIL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE _____ CELL PHONE: _____

Program Choice: _____

OCCUPATION _____

**** PLEASE ALSO ATTACH 2 LETTERS OF REFERENCE.**

1. Do you have any physical handicaps? If so, please explain.

2. Are you taking medication? If taking Medication what is it for?

No _____ Yes _____ What Kind _____

3. How many consecutive years in Martial Arts & what style?

No _____ Yes _____ What Kind _____

4. Do you have any intention of teaching martial arts or do you currently teach?

a. Intend to teach Yes _____ No _____ b. Teaching now Yes _____ No _____

5. State reasons for learning Kung fu

7. Please state date of arrival and departure

_____ If pick up needed from airport, please state flight #, time and arrival information (\$35)

(no pick up available from 7pm - 8am)

"In consideration of my attendance and participation in the Kung Fu Classes, hereby, for myself, my heirs, executors, administrators and assigns, hereinafter referred to as student, do hereby, remise, release and forever discharge Chief Instructor, Master P. Chan, his assistants, the Wah Lum Kung Fu Temple, its officials, its agents, principals, successors and assigns and other persons, firms, or corporate bodies, participating in or connected with Master Chan, of and from all manners of actions, causes of action, claims or demand or may hereafter have, for or by any reason of participation in the Kung Fu classes, a loss, damage or injury sustained by the Student, or in respect of loss of any equipment used by the Student during the Kung Fu classes or participation in any exhibition, demonstration, performance on behalf of the Wah Lum Kung Fu Temple.

I understand and agree not to show or teach any material including, exercises, forms, techniques, weaponry, herbal application or any other material that is taught to me at the Wah Lum Temple without written permission and proper certification.

I also understand and agree that I cannot solicit or use the name of Wah Lum in any way for whatever reason without permission. I have read the rules and regulations of the Wah Lum Kung Fu Temple and agree to pay \$ _____ registration fee which I understand is non-refundable plus a \$100 Deposit, which I understand is refundable after dorm inspection.

I also agree to pay \$ _____ for Program _____ which I understand is non-refundable.

On default of any payment due to Wah Lum Kung Fu Temple, I agree to pay reasonable attorney fees and/or court costs and collection fees. Interest rate of 18% annually or 1.5% per month assessed on any unpaid balance. I testify that all the above information filled out is true.

DATE _____ SIGNATURE _____

PRINTED NAME: _____