

Wushu Central Martial Arts Academy

Valentines Parent Night Out ~ Feb 14, 2009

NAME OF **1st PARTICIPANT** (First, Middle Initial, Last)

AGE _____ CURRENT RANK _____

Does the 1st Participant have any physical limitations, allergies
Or other issues that Wushu Central should be aware of? (circle) YES NO

NAME OF **2nd PARTICIPANT** (First, Middle Initial, Last)

AGE _____ CURRENT RANK _____

Does the 2nd Participant have any physical limitations, allergies
Or other issues that Wushu Central should be aware of? (circle) YES NO

NAME OF **3rd PARTICIPANT** (First, Middle Initial, Last)

AGE _____ CURRENT RANK _____

Does the 3rd Participant have any physical limitations, allergies
Or other issues that Wushu Central should be aware of? (circle) YES NO

RESPONSIBLE PARENT/LEGAL GUARDIAN & PAYMENT INFORMATION

NAME OF **RESPONSIBLE PARENT OR LEGAL GUARDIAN** (First, Middle Initial, Last)

ADDRESS (Street Address, City, State, Zip)

E-MAIL _____ PHONE NUMBERS (cell) _____ (home/office) _____

Credit Card Payment Information Visa MC Discover AMEX

Card Number (if paying by credit card or attach check)	XP (MMYY)																							
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If credit card billing information is different from above, please write correct info below.

NAME ON CARD AS IT APPEARS

BILLING ADDRESS (Street Address, City, State, Zip)

PERMISSION AND AUTHORIZATION – SIGNATURE REQUIRED

By signing below, I hereby promise that I am the legal parent or guardian of the aforementioned "Participant(s)" and I authorize the "Participants" to participate in the Wushu Central Martial Arts Academy Valentines Parent Night Out event. Also, I have attached a check / authorize the processing of my credit card for payment of the EVENT FEE as indicated on the fee calculator on the right. Signature required for each form submitted.

PRINTED NAME OF LEGAL PARENT OR GUARDIAN _____ SIGNATURE OF LEGAL PARENT OR GUARDIAN _____ DATE _____

THINGS TO KEEP IN MIND:

- This Event is for children ages 4-14.
- Children will have a Wushu test-preparation lesson, Padded Weapons and Games, and will watch Kung Fu Panda on a large projector screen.
- Kids will be fed pizza and soft drinks. Please inform us if there are any foods which they cannot eat.
- Drop-off is any time after 5pm
- Pick up is by 10 pm. Please do not be late picking your child off as the instructors will need to be back in the next morning to teach classes.
- Late Pick-ups will incur an additional fee of \$1 per minute
- Have yourselves a wonderful evening without the kids!

Registration is Easy as 1-2-3

1 Complete and sign this Form.

2 Be sure to sign the "Assumption of Risk" release (see next page)

3 Return the form along with a check written in the amount of "TOTAL FEE" noted below, or credit card payment information to:

Wushu Central
ATTN: Valentines Parent Night Out
879 Coleman Ave. #40
San Jose, CA 95110

TUITION CALCULATOR

Enter total number of attendees	
Multiply by \$39 if coming alone	
Multiply by \$29 if with siblings or a non-student guest	
TOTAL Payment Amount	

Call or Email with any inquiries

408-850-9479

info@wushucentral.com

Wushu Central Martial Arts Academy

Assumption of Risk

Please read the following before signing below.

I (parent or legal guardian) _____
Hereby give permission for my child(ren)

1st Participant _____

2nd Participant _____

3rd Participant _____

(hereby referred to as "Participants") to attend the Valentines Parent Night Out event at Wushu Central Martial Arts Academy. By signing this waiver form, I acknowledge and understand that the Participant will be voluntarily engaging in activities that may involve contact and the risk of serious injury, permanent disability or death, and may cause severe social or economic losses due to not only my own actions, inactions, or negligence, but also to the action, inactions or negligence of

- the Participant or other Participants;
- or Instructors, Volunteers and other employees of Wushu Central, Inc.;
- or Others or conditions of the premises or of any equipment used.

Further, I agree that I will not, nor will anyone acting on behalf of the Participant claiming by or through me or the Participant, bring or maintain any suit in Court to assert any claim against Wushu Central, Inc. and/or any instructors/assistant instructors, volunteers or other Wushu Central, Inc. Employee for any claim that might arise out of participation in any activities performed by, directed by or endorsed by Wushu Central, Inc. or the instructors/assistant instructors. Finally, the Participant understands that all physical activities are optional and he or she may refuse participation in the activity at any time.

Parent/Legal Guardian
Name (Printed): _____

Parent/Legal Guardian
Signature: _____

Date: _____

For Office Use

Notes:
