



Harrison Recreation Presents

# HALL OF THE SNAKE AND CRANE WING CHUN KUNG FU



at the Leo Mintzer Center

Name: \_\_\_\_\_

Start Date: \_\_\_\_\_

Street: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DOB: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Does the prospective student have any physical or medical conditions that would hinder their ability to participate in the self defense program? Yes / No If yes, please explain:

At the present time what is the status of the participants physical condition? **Please circle**

Excellent / Good / Fair / Poor

## **\*\*Waiver and Release of Liability\*\***

### **Please Read Before Signing**

In consideration of the Hall of the Snake & Crane Wing Chun Kung Fu furnishing service and/or equipment to teach Martial Arts/Kung Fu at the 251 Underhill Ave W, Harrison, NY 10604 location, I agree as follows:

I fully understand and acknowledge that (a) the practice of martial arts require physical exertion and contact with others; (b) unavoidable risks and dangers may exist in my or my child's participation in the martial arts program and use of related equipment; (c) my or my child's participation in martial arts related activities may result in injuries and disabilities; (d) these risks and dangers may be caused by accidents, negligence of participants, or owners, employees, or agents of the Hall of the Snake & Crane. I hereby assume all risks and responsibility for any losses, injuries, and/or damages as a result of my participation in the Hall of the Snake & Crane Martial Arts/Kung Fu program. I also carry personal insurance in the event of an unavoidable accident.

Student's Name: \_\_\_\_\_ Students Age: \_\_\_\_\_

\*\*\*\*\*Parent or Legal Guardian\*\*\*\*\*

If under the age of 18

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please note relationship to Applicant: Self Parent/Guardian

**Start Date & Time:** April 3rd @ 5pm-7pm

Classes will be held Sundays @ 9am-11am **and** Wednesdays 5pm-7pm

**Cost:** \$160.00 per month | Payable by Cash or Check

**\*\*Checks made out to Ball Hawk Inc. (143 Lakeview Ave, West Harrison, NY 10604)**

For questions reach out to Stephen Coram at 914-208-4713