



# PLUM BLOSSOM MARTIAL ARTS ACADEMY INC.

2<sup>ND</sup> Floor-Dakota Community Center, 1188 Dakota Street R2N 3H4  
Website: [www.PlumBlossom.ca](http://www.PlumBlossom.ca) Tel: (204) 791 - 6146

## NEW STUDENT – 3 MONTH REGISTRATION FORM

KIDS KUNG FU     ADULT KUNG FU     TAI CHI     WOMEN'S SELF DEFENSE

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

LAST

FIRST

M.I.

BIRTH DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ MALE  FEMALE

MONTH

DAY

YEAR (IF UNDER 18)

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ PC \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ E-MAIL \_\_\_\_\_

EMERGENCY CONTACT : \_\_\_\_\_ PHONE \_\_\_\_\_

MARTIAL ARTS BACKGROUND: STYLE \_\_\_\_\_ RANK \_\_\_\_\_ YEARS OF TRAINING \_\_\_\_\_

REFERRAL:  WEBSITE  FRIEND  FLYERS  COMMUNITY CENTER  OTHER: \_\_\_\_\_

PROGRAM FEE:  ADULT OR KIDS KUNG FU \$159

TAI CHI \$149

WOMEN'S SELF DEFENSE \$129

T-SHIRT \$ 20

TOTAL FEE: \$ \_\_\_\_\_ + 5% GST \_\_\_\_\_ = \$ \_\_\_\_\_

FORM OF PAYMENT ENCLOSED: CASH \_\_\_\_\_ CHEQUE: \_\_\_\_\_ VISA \_\_\_\_\_ MC \_\_\_\_\_

NAME ON CREDIT CARD \_\_\_\_\_

CREDIT CARD #'S \_\_\_\_\_ EXPIRY \_\_\_\_\_ / \_\_\_\_\_

SIGNATURE OF CREDIT CARD OWNER: \_\_\_\_\_

I, the undersigned, do hereby voluntarily submit my application for admission to **The Plum Blossom Martial Arts Academy Inc.** for attendance and participation in lessons. Furthermore, I voluntarily consent that any picture furnished by me or any pictures taken of me in connection with **Plum Blossom Martial Arts School** may be used for publicity and/or promotion of same. Furthermore, I waive the right to any compensation in regard thereto. I understand that there are **NO REFUNDS** for any fees or tuition paid by me for the classes at **Plum Blossom Martial Arts Academy Inc.**, unless the classes or courses in which I am involved are discontinued or with medical notice from my physician. I also realize that I am responsible for payment in a regular and timely manner.

SIGNATURE OF PRIMARY APPLICANT \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

*If applicant is less than eighteen years of age, this release and consent must be signed by a parent or legal guardian.*



# PLUM BLOSSOM MARTIAL ARTS ACADEMY INC.

**Under the direction of Grand Master Doc Fai Wong**  
Dakota Community Centre, 2<sup>nd</sup> Floor – 1188 Dakota Street  
Winnipeg, Manitoba R3N 3H4  
Phone: (204) 791 - 6146

Website: [www.PlumBlossom.ca](http://www.PlumBlossom.ca) Email: [Info@PlumBlossom.ca](mailto:Info@PlumBlossom.ca)

## **STUDENT WAIVER**

I, the undersigned, do hereby for myself, my executor(s), and my heirs, agree to hold harmless, **PLUM BLOSSOM MARTIAL ARTS ACADEMY INC., of Winnipeg, Manitoba**, and all of its officers, officials, volunteers, and members, and all others for liability, losses, or injuries which I may sustain by way of my direct or indirect involvement in any and all training sessions and/or events associated with **PLUM BLOSSOM MARTIAL ARTS ACADEMY**. This will include any losses, liabilities, injuries sustained as a result of traveling to and from, and participating in these events. I am fully aware that liabilities, losses and injuries may result from my participation in said events and I enter these events entirely at my own risk. Additionally, I am fully aware of my personal medical condition and hereby certify that I am mentally and physically fit to participate in said training and events. I grant permission to **PLUM BLOSSOM MARTIAL ARTS ACADEMY**, its representatives and employees to use any photographs submitted by myself of the like or of my property in connection with the above-identified subject. I authorize **PLUM BLOSSOM MARTIAL ARTS ACADEMY**, its assignees and transferees to copyright, use and publish the same in print and/or electronically. I hereby affirm that I am over the age of majority and have the right to contract in my own name. I have read the above authorization, release and agreement, prior to its execution; I fully understand the contents thereof. This agreement shall be binding upon me and my heirs, legal representatives and assignees.

**\*\*Parent's or Guardian's signature is required if participant is under 18 years of age**

**Participant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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**Signature of Participant**

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**Date**

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**Signature of Guardian/Parent**

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**Date**

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*for office use only*