

REGISTRATION FORM

CHEN STYLE TAI CHI, XING YI, BA GUA SEMINAR MAY 27 – MAY 29, 2006

Please fill out the following form and return to:

King Lam's Chen Style Tai Chi Center
7527 Freret Street
New Orleans, LA 70118
504-866-2241
kinglam1131@yahoo.com

Name (Print) _____ Date: _____

Phone: _____ Email _____

Address: _____ State: _____ Zip: _____

Full Time Tuition \$280.00 minus \$20.00 before May 12 equals \$260.00. Registration priority will be given to full-time participants. Make your check payable to : *Chen Style Tai Chi.*

Paid by: Cash or Check, Date _____ Amount Paid _____

Balance due _____ Staff Initials _____

Part time tuition will be \$20.00 each session. There will be 7 hours on Saturday and Sunday. There will be 4 hours on Monday. **Please list the sessions that you will attend.** See detailed schedule on www.chenstyletaichi.com go to our News link.

If you have any questions, please email kinglam1131@yahoo.com.

List your Style _____

Experience and Training Level _____

USA CHEN TAI CHI FEDERATION RELEASE OF LIABILITY AND WAIVER

Seminar Participant Name: _____

Seminar Dates: _____

Please read and sign below

Release: Student/Seminar participant (now called student) acknowledges the existence of certain risks inherent in any health or martial arts training and hereby agrees and assumes all risks of injury and loss to student. Student agrees to hold harmless and releases the property owner, USA Chen Tai Chi Federation (USACTCF), its owner, staff and management, and his or her fellow students from any liability for damages resulting from any loss due to theft or injury to the student's person or property. Student also agrees that as a student or parent, any pictures that are taken during the USACTCF events may be used by USACTCF for the purposes of promoting the school, federation including but not limited to brochures, flyers and websites.

I understand that the following refund policy applies for all Seminar Tuition Paid.

A full refund of the deposit is available if cancellation notice is received before April 14. Deposits will be refunded at a 50% rate for cancellations after April 14 and up until May 12. Cancellation after that time cannot be refunded.

By my signature below, I affirm that I have read, understood and agree to the above terms and conditions.

Print Name: _____

Signature: _____ **Date:** _____