

Zhao Changjun Wushu Academy

2010 Summer Programs Application Form

Student Details Page

* = Required Item

PART I - Student Information

* First Name: _____ M.I.: ___ * Last Name: _____ -
* Gender: _____ * DOB: _____

PART II - Parent/Guardian Details

Mother/Guardian Details

*Name: _____
Work Phone: _____ Cell Phone: _____
* Home Phone: _____ * Email: _____

Father/Guardian Details

*Name: _____
Work Phone: _____ Cell Phone: _____
* Home Phone: _____ * Email: _____

PART III - Student Address Information

*Address: _____
* City: _____
State (required for USA): _____ Zip (required for USA): _____
Email: _____

Note: Application confirmations will be sent to this email address.

Student And Parent Agreement (Signature required)

We have read the catalog describing the 2010 Zhao Changjun Wushu Academy summer program(s) for which the student is applying.

We agree that the student will follow all rules and guidelines for student conduct. We realize that Zhao Changjun Wushu Academy reserves the right to ask the student to leave the program for medical, disciplinary, or other reasons, at its sole discretion. If the student is asked to leave for disciplinary reasons, we understand that tuition will not be refunded. We understand that under extenuating circumstances it may be necessary for summer programs staff to search students' rooms and/or belongings unannounced, in the interest of the students' and others' safety and well-being.

Parents/Guardians:

I understand that:

- My tuition will be processed immediately upon receipt of my applications.
- The tuition about to be made will be refunded only if summer program is canceled, or if my child has documented medical reasons.
- The application fee will not be refunded in any case.
- I am responsible for the cost of repairing or replacing any property that my child damages at the site.
- I am responsible for any incidental expenses which are not covered by the tuition, room, and meals fees.
- I am responsible for any medical costs incurred by my child while enrolled in the program.
- I must have the Medical Form properly completed and returned to Zhao Changjun Wushu Academy by the appropriate deadline. I understand that my child will not be admitted to the program if the properly completed forms are not returned.

I give permission for:

- My child to participate in Zhao Changjun Wushu Academy sponsored trips off campus, including but not limited to class field trips. I understand that my child will be supervised by staff of Zhao Changjun Wushu Academy.
- My child will be videotaped, photographed, and interviewed for broadcast or publication, and/or have a sample of his or her work broadcast or published. I understand that Zhao Changjun Wushu Academy will exercise discretion regarding media contact.

Parent/Guardian Digital Signature _____

Date _____