

Wang's School of Shaolin Gung Fu Fighters, Division 15

The International Gung Fu and Healing Centre/Botswana

United States/Caribbean/Mt. Wudang & Mt. Songshan, Peoples' Republic of China

NOW IN:

Gaborone, Botswana, Africa

Student Participation and Enrollment Form (2024-2025)

(if under 18, an adult must complete)

PLEASE PRINT LEGIBLY

Name: _____

Address (where you reside):

City or Village: _____

Age: _____ D.O.B. _____/_____/_____ Gender: Male ___ Female ___

Ethnicity: *Black ___ *White ___ *Hispanic ___ *Asian ___
*East Indian ___ *Other ___ *Height. _____ *Weight. _____

Driver's License #/Omang I.D. #: _____ Exp. _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Alt. Phone: _____

Email Address: _____

Marital Status: *Single ___ *Married ___ *Divorced ___ *Widowed ___
*Separated _____

If under 18, and NOT living at home, where do you currently reside? : _____

With whom? _____

Have you ever been convicted of any crime? _____ If so, when? _____
_____ Where? _____

Are you currently affiliated with ANY gang, organized crime, or race-based organization? _____ If so, who? _____

What dates? *From _____/_____/_____ *To _____/_____/_____

Education: (Please Check Highest Grade Completed) Up to Fr. 1____ Fr.2____
Fr.3____ Fr.4____ Fr.5____ University: *2yr.____ *4yr.____ *Graduate____

Other: (Standards (1-7) or Technical Schools)

Are You Currently in School? _____ If so, where? _____

Employer: _____

Employer's Address: _____

Phone: _____ Full/Part Time (Circle Which One)

Days and Times Currently Scheduled for Work or School (Tick days and Write in times that apply for your work or school schedule):

- Sunday _____ From: _____ To: _____
- Monday _____ From: _____ To: _____
- Tuesday _____ From: _____ To: _____
- Wednesday _____ From: _____ To: _____
- Thursday: _____ From: _____ To: _____
- Friday: _____ From: _____ To: _____
- Saturday: _____ From: _____ To: _____

Have you taken ANY type of martial arts training before? _____

If so, when? ____/____/____ Where? _____

What Form/Style? _____

Instructor's Name: _____

Instructor's Rank: _____ Your Rank: _____

What is it that you hope to gain from martial arts training? _____

In the space provided below, please explain WHY you should be considered as a student/candidate for enrollment or participation into programs at Wang's School of Shaolin Gung Fu Fighters, Div. 15 (please write in the area below, DO NOT SKIP!!!):

Medical: (Please Tick All That Apply/Diagnosed With) *High Blood Pressure _____

*HIV/AIDS _____ *CORONAVIRUS (QUARRANTINE OR TESTING) _____ If so, When:

Day/Date _____ *Heart Conditions _____ *TB _____

*Bronchitis _____ *Asthma _____ *Flu _____ *Malaria _____ *Pneumonia _____

*Common Cold_____ *Headaches_____ *Back Pain _____
*Soreness_____ *Broken Bones_____ *Old or Current Surgeries_____
*Diabetes_____ *Dizziness_____ *Epilepsy or Seizures_____ *Attention Deficit
Disorder_____ *Knee Injuries _____ *Rashes/Skin Disorders_____ Mental
Health Issues_____ Explain: _____ Allergies_____ If
so, what kind?

Are you currently on any type of medication, prescription or otherwise? _____

If so, what? _____

Do you currently have any other medical issues that may impair you from
participation in any programs offered here? _____ If so, what? _____

I attest that the information given above is correct and accurate, and that
falsification of any of the information or attached forms or documents may be
grounds for denial into any/all locations of Wang's School of Shaolin Gung Fu
Fighters, Div. 15/The International Gung Fu and Healing Centre, Worldwide, and
its programs. Furthermore, I am aware that the monthly fee for training
(P425.00, due from the beginning of the LAST, FULL WEEK of the current month
to the end of the first weekend of each NEW month) is non-refundable, just as the
one-time registration fee of P575.00. This registration fee can paid in full within
the first 60-day period/2-Months of your training. Please note that these

registration fees, although reflecting the new price increase for 2024, go towards the development of Wushu within the country, cover the annual membership fees for affiliations to the relevant governing national and world bodies, as well as pay for monthly insurance premium. Payments can be made through Orange Money, Mascom My Zaka, FNB E-Wallet, Stanbic Instant Money Voucher, or directly into the Kwoon's Account through Stanbic Bank (details upon request). THIS IS A LEGAL AND BINDING CONTRACT (GOOD FOR 1-YEAR), RENEWABLE EVERY YEAR ON THE DATE OF YOUR INITIAL SIGNING. THEREFORE, YOU ARE LIABLE FOR PAYMENTS EACH MONTH FOR A FULL YEAR, OR UNTIL THE DATE OF YOUR SIGNING ANNIVERSARY, AS WITH ANY GYM OR SPORTS FACILITY AGREEMENT. ONLY IN EXTINUATING CIRCUMSTANCES WILL A MONTH-TO-MONTH TRAINING FEE BE CONSIDERED OR WILL A PARTIAL REFUND BE GIVEN (DETERMINED BY THE INTERNATIONAL GUNG FU AND HEALING CENTRE'S GOVERNING BODY), but only after a review board has heard my argument.

By signing this document, I am releasing The International Gung Fu and Healing Centre, (Botswana) Worldwide/Wang's' School of Shaolin Gung Fu Fighters-Div. 15, High Priest Li Sho Pin, Grandmaster Shu Wai Chung (Scott), groups or organizations, and any/all faculty, staff, and support and/or affiliates, partners, sponsors, or facilities thereof from ANY type of liability from participation in the school or its' programs, on or off the site; while in transit to and from during business hours, or scheduled training times. This includes, but is not limited to: tournaments, field trips, exhibitions, seminars, training retreats, training sessions, and treatment sessions (acupuncture/acupressure, cupping,

herbal medicines, moxibustion and any/all treatments from Traditional Chinese Medicines or Qigong Massage).

I also understand that ANY contact with law enforcement agencies on a negative basis results in immediate suspension from the program, which could lead to my permanent dismissal, pending an investigation by the board of the Wudang Shaolin Temple Boxers Federation, local authorities, and any/all law enforcement agency relevant to the investigation. If it is determined that any behavior within or without the school is not in accordance with the schools' rules and regulations, this will result in my immediate suspension, pending an investigation by the board.

These things are henceforth written, witnessed and signed this _____ day of _____, 20____, at ____: ____am/pm. A copy of this MAY be given to you upon request.

SIGNATURE: _____

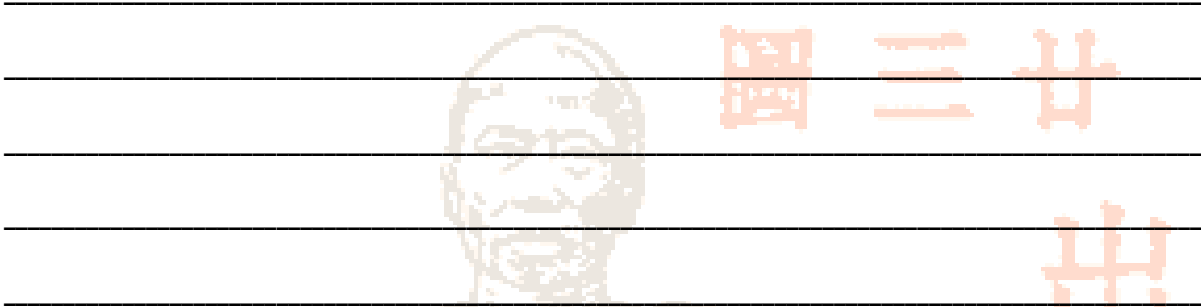
WITNESSES: _____

DATE: ____/____/20____ TIME: _____

REVIEWED BY: _____

TITLE/POSITION: _____

COMMENTS: _____



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**SEE FACE BOOK PAGE, *THE INTERNATIONAL GUNG FU AND HEALING*
CENTRE/BOTSWANA FOR FURTHER DETAILS, CLASS SCHEDULES, TIMES,
LOCATIONS, SERVICES, AND UPCOMING EVENTS**

