## **Application**

## US NATIONAL TEAM of KUNG FU

The First Open US National Team of Kung Fu™ No experience necessary to apply. Desire a MUST.

Last Name:				
First Name:				
Address:				
City:	_ Zip Code:			
Home Phone:	_ Cell:			
E-mail:				
Occupation/Student:				
Company/School:				
Address:				
City:	_ Zip Code:			
Website/Myspace/Frontpage :				
Must be at least 18 years of age are Age: Sex:	d in good health.			
HEALTH INDEX     Has your doctor ever told you that you physical activities approved by a phy     Do you feel pain with the chest when During the last month, have you feel activity?     Do you feel any other balance problem.	sician? you're doing physical activity? elt pain with the chest at any other ti	me than when you're	Yes Yes doing Yes usness?	_No_ _No_ physical _No
<ul> <li>Do you have bony problems or articular physical activity?</li> <li>Do you actually take prescribed mediuretic)?</li> <li>Are you aware of any other reason we note: If you answered "Yes "to one"</li> </ul>	edication to control your blood pressu	re or cardiac problem	Yes Yes	xample: _No No
exercise program.				



## *US NATIONAL TEAM OF KUNG FU The First Open US National Team of Kung Fu<sup>TM</sup> No experience necessary to apply. Desire a MUST.*

Please answer the following questions in your own handwriting or printing. (Typed answers will not be accepted.)					
What does Teamwork mean to you?					
Describe years nevernal life while control					
Describe your personal life philosophy?					

What do you think it takes to be a Kung Fu Champion?	
Describe how you apply the following to your life.	
HONESTY:	
UNITY:	<del> </del>
SINCERITY:	<del></del>
	<del></del>
UPRIGHTNESS:	
LOYALTY:	<del></del>
	<del></del>
HONOD.	
HONOR:	
DEAGE.	
PEACE:	

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WAIVER OF LIABILITY: I know that Kung Fu, Tai Chi and Action Movie Program are potentially hazardous activities. By entering this program I am taking responsibility for medical clearance and for being physically fit and properly trained to participate in this program. I agree to abide by any decision of program official relative to my ability to safely complete the training program. I assume all risks associated with martial arts, but not limited to my own fitness and health condition, falls, contact with other participants, the effects of the weather, including high heat and/or humidity, traffic, and the condition of the training ground, all such risks being known and appreciated by me. Having read this waiver and knowing these facts, and in consideration of you accepting my entry, I for myself and anyone entitled to act in my behalf, waive and release Action Movie Academy, Studio City USA, Sifu Toy Chinese Martial Arts School, and all sponsors, their representatives and successors from all claims or liabilities of any kind arising out of my participation in this program though that liability may arise out of negligence or carelessness on the persons named in this waiver and other organizations. I grant permission to all of the foregoing to use any photographs, motion pictures, recordings or any other record of this program for any legitimate purpose. By submitting this application I agree to the above Waiver of Liability. You may be asked to sign a waiver in person when auditioning.

This registration cannot be cancelled of	or refunded	except for	medical	reasons	when	showing	g your
physician bill. Initials:							
Signature:	Respons	sible:		Date	e:	<u>  </u>	

Please Mail all Applications, and \$25 Administration Fee to :

Studio City USA ATTN : US National Team of Kung Fu 9595 Wilshire Blvd. Suite 900 Beverly Hills, CA 90212

Please make all checks and money orders to Studio City USA.