

# Register Form

Public			
Session 1 \$130	5-21(Thur)-22(Fri) 7:30pm~9:30pm	Introduction to Kumsun Academy Medical Qigong Therapy	<input type="checkbox"/>
Session 2 \$130	5-26(Tue)-27(Wed) 7:30pm~9:30pm	Introduction to Kumsun Academy Medical Qigong Diagnosis and Healings	<input type="checkbox"/>
Session 3 \$130	5-28(Thur)-29(Fri) 7:30pm~9:30pm	The Healing of Organ Diseases and Kumsun Academy Medical Qigong Prescription Exercises	<input type="checkbox"/>
Professional			
Course 1 \$135	5-23(Sat) 10:30am~4:00pm	A Introduction to Kumsun Medical Qigong Therapy	<input type="checkbox"/>
Course 2 \$135	5-24(Sun) 10:30am~4:00pm	Kumsun Medical Qigong Diagnosis and Healings	<input type="checkbox"/>
Course 3 \$135	5-30(Sat) 10:30am~4:00pm	The Healings of Organ Diseases and Kumsun Qigong Prescription Exercises	<input type="checkbox"/>

- At-the-Door Register Add \$20 each Session
- Accept Credit Card or Cash

Total \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School Name \_\_\_\_\_ Master/Instructor \_\_\_\_\_

School Phone \_\_\_\_\_ Level \_\_\_\_\_ Male \_\_\_ Female \_\_\_

LIABILITY DISCLAIMER: I do hereby submit my application for registration in Han's Martial Arts Academy, and I do hereby, for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all rights and claims for damages which I may have or which may accrue to me against Master Sang Han, and Han's Martial Arts ., 4330 W. Oakton St or any respective agents, employees, representatives, successors and/or assigns against any competitor(s) for any and all damages which may by sustained by me in connection with my association with or entry in the above athletic meet, or which may arise out of traveling to, participating in, and returning from such athletic meet. I further understand that the martial arts are a contact sport and as such injuries may occur and I accept that responsibility freely.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

(Required in under age of 18)

**Send Registration Form & Payment:**  
**Han's Martial Arts Academy**  
4330 W. Oakton St, Skokie, IL 60076