

Please select the area where you will attend:

Remuera Howick North Shore Onehunga

Please select type of class:

Wushu Sanda / Kickboxing Tai Chi

Name of student: _____ Date of birth: ___ / ___ / _____ M/F _____ Shoe size _____ Height _____

Name of student: _____ Date of birth: ___ / ___ / _____ M/F _____ Shoe size _____ Height _____

Name of Parent / Guardian (if student under 18 years old):

Address: _____

Phone no.: _____ Email: _____

Previous wushu or other martial arts experience:

How did you hear about us? Word of mouth (Name of person: _____)

Google Facebook Other: _____

Please be aware that occasionally we may use videos and photos, etc of our students in NZ Wushu Academy's website, facebook, instagram, printouts, etc. If you want to be exempt from this then you will need to let us know specifically.

No matter how careful we are, as with any sporting activity, there is a risk of injury. By signing below, you agree not to hold NZ Wushu Academy or any of its staff / members / coaches / volunteers responsible for any injury a student may sustain during their participation.

Are there any medical conditions we should be aware of, or do you have any other comments?

Signature: _____ Date: ___ / ___ / _____

Please email completed form to team@nzwushu.co.nz