

2014 Shaolin Training Camp Itinerary

Date	Day	Schedule
7/5	Sat	Depart SFO For PEK (Bei Jing , China)
7/6	Sun	5:05 Arrive BeiJing, Catch Train and Chartered bus to Training Center
7/7-7/12	Mon-Sat	train 2 hours each for morning and afternoon, one hour Chinese class in the evening
7/13	Sun	One Day Tour
7/14-7/19	Mon-Sat	train 2 hours each for morning and afternoon, one hour Chinese class in the evening
7/20	Sun	One Day Tour
7/21-7/26	Mon-Sat	train 2 hours each for morning and afternoon, one hour Chinese class in the evening
7/27	Sun	Back to USA or continue the travel plan for some students

Q&A

What if I get hurt or sick?

The clinic at the training center specializes in sports medicine, however they also offer professional care for other common illnesses. The most important thing to remember is that you need to keep your teachers and our advisor informed of any injuries or illnesses.

How much money should I bring?

A few hundred dollars will be enough, unless you are going on a shopping spree. It is better to bring a debt or Credit card. We can keep the money for students whose parents are not going with us.

Get in touch with home?

No need to call! Bring device with FaceTime or Skype.

What about extra food?

Bring your favorite healthy snacks.

Can students go without parents?

Yes. The instructors from Shaolin school will be full time baby-sitter. Students are not allowed to go outside of the school.

2014 Shaolin - China Training Camp Registration Form

Participant Info

Student Name: _____

Birthday: ____/____/____

Gender: Male/Female

Student Name: _____

Birthday: ____/____/____

Gender: Male/Female

Accompanying Parents Name: _____

Birthday: ____/____/____

Gender: Male/Female

Address:

Street _____ City _____ State _____ ZIP _____

Email _____ Phone _____

Fees:

There is a deposit of \$500 **cash per person** due upon completion of this form. This is to reserve your space(s) on the trip and to enable us to make our prearrangements. If the trip is cancelled by USA Kung Fu Studio for any reason the deposit will be refunded in full. Otherwise, the deposit is *non-refundable*.

I, being 21 years of age or older, do for myself (and for or on behalf of my child participant, if said child is not of age or older) do hereby release, forever discharge and agree to hold harmless

(Name of Groups): **USA Kung Fu Studio & Asian American Culture Exchange Center**

and

(Trip Organizers): **Deng Zhen & Jiang Xing Hui**

for

(Activity or Destination): **2014 Shaolin -China Summer Training Camp**

and the directors, administrators, agents, and instructors, as deemed by Deng Zhen and Jiang Xing Hui of USA Kung Fu Studio thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child participant that occur while said is participating in the above described trip or activity.

Furthermore, I (and for or on behalf of my child participant, if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is given to said trip and travel organizers to furnish and hereby release liability of transportation, food and lodging for this participant.

The undersigned further hereby agrees to hold harmless and indemnify said organization(s), its directors, employees and agents, in the United States of America and abroad for any liability sustained by said travel organizers as the result of negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(If the participant has not attained the age of 21 years):

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said event and hereby give our permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not limited to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any/

Further, should it become necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I (we) hereby assume all transportation costs.

Participant(s) Name: _____ Signature: _____ Date: _____

Participant(s) Name: _____ Signature: _____ Date: _____

Participant(s) Name: _____ Signature: _____ Date: _____

If Participant(s) are under 18 years old

Parent(s)/Guardian Name: _____ Signature: _____ Date: _____