



International League of Pa-Kua  
OREGON APPLICATION

Student Name: \_\_\_\_\_

Parent Name (If student is under 18): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Referred By: \_\_\_\_\_

Do you have any medical condition that the Instructor should be aware of?

High Blood Pressure? \_\_\_\_\_ Back Problems? \_\_\_\_\_

Asthma? \_\_\_\_\_ A.D.D? \_\_\_\_\_

Other? \_\_\_\_\_

Reason for studying? \_\_\_\_\_

Please list any previous training: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

*The above is correct to the best of my knowledge and I understand that it is my responsibility to keep Pa-Kua International informed if any of the above information is to change.*

**Pa-Kua International Release of Liability**

I understand that Pa-Kua International is an organization dedicated to sharing its knowledge of the art to its students. I understand that I am fully responsible for assessing my physical health and limitations and not exceeding such limitations in the practice of Pa-Kua. I hereby release Pa-Kua International, its owners, employees, representatives, and agents, from injury that may arise from the practice of Pa-Kua or any other class and/or event under the supervision or control of Pa-Kua International.

Pa-Kua International reserves the right to dismiss any student for, among other things, repeated conduct that intentionally place the participant or others at risk of injury.

I have carefully read and fully understand and agree to the foregoing statement and release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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