



## 2025 IBPS Dallas Kung Fu Training Camp

中文姓名		Name:		Age:	Gender:
Parents' Name:			Cell Phone:		
Address:					
Email Address:					
Emergency Contact:		Phone:		Relationship:	
Total Fee: \$		Payment Method: Cash / Check# /Zelle			

### Consent Form

I, hereby agree to permit my child\_\_\_\_\_to participate in all the activities and abide by the said rules as the parent/guardian of my child. I am fully aware of its costs, risks, obligations, procedures, benefits, and consequences. I authorize the staff and agents of IBPS Dallas to provide, attend, designate, or authorize any reasonable and necessary medical treatment and/or emergency care for my child, in the event of my child's illness, injury, or being kept in capacity. I agree to release and forever discharge indemnify and hold harmless the IBPS Dallas, its staff, and/or agents from any claim by myself, or my family members arising out of said illness, injury, or incapacity. I understand that I will be responsible for any charges or fees for the medical treatment provided at any other medical facilities, deemed reasonable and necessary by the staff and/or agents of this training program.

Child's Name:\_\_\_\_\_Parent's Print Name: \_\_\_\_\_

Parent's signature:\_\_\_\_\_Date: \_\_\_\_\_