

## Shaolin Quan / Mizong Quan Training Course

Course provided	<ul style="list-style-type: none"> <li>• Mizong Quan</li> <li>• Shaolin Quan</li> <li>• Shaolin Hak Fu Mun wushu</li> </ul>
Coach	Mr Hung Yun Yuen, Mr Hung Yun Hing, Mr Tang Man Kee
Aim	<ul style="list-style-type: none"> <li>• Build physical fitness and mental fortitude</li> <li>• Teach practical Shaolin Quan, Mizong Quan, Shaolin Hak Fu Mun wushu</li> <li>• Develop Wushu Culture live performance skills and techniques,</li> </ul>
Achievement	Upon successful completion of the prescribed training sessions, student(s) will be eligible to the award of Wushu Culture Certificate(s)
Enrollment	<ul style="list-style-type: none"> <li>• For all age groups and communities</li> <li>• Applications from students below the age of 18 must be countersigned by parents or guardians</li> </ul>
Course Date(s)	January, February, March 2018 and thereafter with further updates Every Friday (except public holidays)
Time	8:00 pm – 10:00 pm
Place	San Sou Training Room, 2/F Lei Yue Mun Sports Building, Yau Tong, Kowloon
Course Fee	<ul style="list-style-type: none"> <li>• One lesson (2 hours) HKD200, or</li> <li>• One session (8 hours) HKD720 (i.e. for 4 lessons)</li> </ul>
Notes	<ul style="list-style-type: none"> <li>• Training class will be cancelled when typhoon signal no.8 is hoisted, or the “black” thunderstorm or “red” rainstorm signals are announced.</li> <li>• The coach will make suitable amendments or changes to the above course contents depending on individual situations. The organizing party has full discretion to accept or refuse an application in individual cases.</li> <li>• The personal data of the applicant will only be used in connection with training, publicity, promotion and communications for the relevant or related training course activities authorized by the organizing party.</li> </ul>
Apply to	Mr Peter Hung Tel 25987660 / 96330682 Email <a href="mailto:pyyhung@gmail.com">pyyhung@gmail.com</a>

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### Wushu Culture Resource

operated by Tiglion Consultancy Company Limited  
Room 902 Yue Xiu Building 160-174 Lockhart Road Wanchai Hong Kong  
Tel 25987660 Fax 25197296 Email [tls@tiglion.net](mailto:tls@tiglion.net) Web [www.intellecets.org](http://www.intellecets.org)

# Shaolin Quan / Mizong Quan Training Course

## Application Form

\*Name \_\_\_\_\_

\*Sex \_\_\_\_\_ Occupation \_\_\_\_\_

\*H.K. Identity Card No. \_\_\_\_\_ \*Year of Birth \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\*Tel \_\_\_\_\_ Fax \_\_\_\_\_

I \_\_\_\_\_ (name of applicant) accept and comply with the terms and conditions for participation in the above Shaolin Quan / Mizong Quan Training Course. I also understand that the organizing party reserves the rights to accept or not accept my application. I hereby expressly state that I am in good health conditions and suitable to participate in the above-mentioned training and activities. I am also willing to hold myself personally and fully liable to any or all bodily harm or injuries that might incur during the training or activities, or consequences of any sort, including cases as caused by accidents. I now undertake that no claims and / or no actions will be taken against the organizing party in the above circumstances.

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

\* These items must be filled in

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(The following Agreement from Parents / Guardian must be duly signed if the participant is less than 18 years of age)

### Agreement from Parents / Guardian

I agree to that \_\_\_\_\_ (name of applicant) will participate in the above Shaolin Quan / Mizong Quan Training Course. I hereby expressly state that he / she is in good health conditions and suitable to participate in the above-mentioned training and activities. I am also willing to hold the participant himself / herself and myself personally and fully liable to any or all bodily harm or injuries that might incur during the training or activities, or consequences of any sort, including cases as caused by accidents. I now undertake that no claims and / or no actions will be taken against the organizing party in the above circumstances.

Name of Parents / Guardian \_\_\_\_\_

Signature of Parents / Guardian \_\_\_\_\_

H.K. Identity Card No. \_\_\_\_\_ Date \_\_\_\_\_

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