

Spring '19 Workshops with Dr. Yang Jwing-Ming in Andover

Early registration savings!

Workshops:

- (1) Taiji & Shaolin Martial Applications (Tues. 4/2 & Fri. 4/5)
- (2) 8 Simple Qigong Exercises (Sat. 4/6)
- (3) Taiji Ball Qigong (Sun. 4/7)



Name: _____ Date of birth: ____ / ____ / ____

Best way to contact me: Home Work Cell (____) _____ Email: _____





Address: _____ City: _____ State: _____ Zip: _____

Do you have any health or medical concerns (past or present)? _____

How did you find out about this course? _____

*Register early! **Rates will increase on Mar. 2nd.*

Payments are non-refundable and non-transferable 7 days before the workshop. Future workshop credit may be granted for absences due to medical reasons with a physician's note and under no other circumstances. All refunds are subject to a 10% processing fee.

		Member *	Non-Member
 <p>Taiji & Shaolin Martial Applications 6 - 9 pm <i>Register for one or both days!</i> <input type="checkbox"/> Tuesday, 4/2 <input type="checkbox"/> Friday, 4/5</p>	<p>Early Bird* By 3/1</p>	<p>ONE Day (3 hours) <input type="checkbox"/> \$ 109</p>	<p><input type="checkbox"/> \$ 125</p>
		<p>BOTH Days (6 hours) <input type="checkbox"/> \$ 200</p>	<p><input type="checkbox"/> \$ 220</p>
 <p>8 Simple Qigong Exercises aka 8 Pieces of Brocade <input type="checkbox"/> Saturday, 4/6 10a - 1p, 3 - 6 p (6 hours total)</p>	<p>By 3/1</p>	<p><input type="checkbox"/> \$ 200</p>	<p><input type="checkbox"/> \$ 220</p>
 <p>Taiji Ball Qigong <input type="checkbox"/> Sunday, 4/7 9a-Noon, 2-5 p (6 hours total)</p>	<p>By 3/1</p>	<p><input type="checkbox"/> \$ 200</p>	<p><input type="checkbox"/> \$ 220</p>
 <p><input type="checkbox"/> BOTH Saturday, 4/6 ~ AND ~ Sunday, 4/7</p>	<p>By 3/1</p>	<p>(\$25 savings) <input type="checkbox"/> \$ 375</p>	<p>(\$31 savings) <input type="checkbox"/> \$ 409</p>

Total Due
\$ _____

*To qualify for member status you must be actively enrolled in a Tai Chi/Kung Fu regular program at YMAA Andover or at a YMAA affiliated school ~ or ~ am an active YFC member at the time of this workshop.



To schedule a **20-minute private Traditional Chinese Medicine Consult with Kathy Yang** (\$25/session) for Sat. 4/6 or Sun. 4/7, email Diana at YangsAndover@aol.com or call 978.475.2020

Register in person, via phone (978.475.2020) with a credit card or MAIL to: Yang's Martial Arts P.O. BOX 1894, Andover, MA 01810

Check enclosed
 Charge credit card #: _____ Exp: _____ SIC Code: _____
 Name on Card: _____

WAIVER OF LIABILITY

In consideration of services to be received as a participant on these premises, the undersigned hereby releases and forever discharges Bodies In Motion, Inc. d/b/a Yang's Martial Arts Assoc. and Yang's Fitness Center (Yang's), it's heirs, successors, administrators and assigns from any and all actions, cause of actions, liability, claims and demands upon or by reason of any damage, loss, injury or suffering known and unknown which may be sustained by participants named above in connection with and in the course of receiving the Yang's training and techniques on these premises, from the instructor or instructors, staff, official or employees of this association or any fellow students on the premises in connection therewith and within the course of taking training or lessons for the purpose designed in this application. He/She hereby waives all his/her rights to claims, actions, cause of action, demands for suit of loss, injury, damage, or suffering sustained as a result of anything other than gross negligence on the part of Yang's. As a precondition to admission, the undersigned represents that he/she is physically fit to participate in such training and techniques offered at Yang's. NOTE: All participants should consult with a physician prior to entering an exercise program or upon any changes in your health.

Signature (Parent/Guardian if under 18) _____ Date ____ / ____ / ____

OFFICE USE:
Date rec'd ____ / ____ / ____ \$ ____ via ____ taken by ____