**Appendix** 3

**The 5th European Health Qigong Games**

**PARTICIPANTS’ RESPONSIBILITY STATEMENT**

**Disclaimer/Waiver**

On my own willingness, I would like to attend the 4th European Health Qigong Games and 4th European Health Qigong Scientific Symposium and promise to all consequences of any accidents or legal disputes, including any claim damages, actions and requests during the event. Meanwhile, I myself, my heir, personal assistant, agent and representative shall not sue either the organizer or the host. I hereby agree and comply with all the Tournament regulations made by the host. I shall respect the Jury’s decisions on any of the disputed matters. During the event, I agree to be photographed, video recorded or televised live. Also, I shall agree my name, address, voice, actions, image or figures to be used on a whole or partial by the organizer and the host on TV coverage, radio broadcasting, video recording, media figure or any other media equipment and shall not demand any payment or compensation. I consciously abide by the epidemic prevention policy where the event is located, and promise that any situation related to the new crown epidemic during the event has nothing to do with the organizing committee and the organizer.

I am aware of and fully understand the above statement.   
(Parents or the legal guardians are requested to sign if the participants are minors.)

My Signature: Parent or Legal Guardian Signature:

Date: day-month-2022

**Appendix 4 – Form 1**

**THE 5TH EUROPEAN HEALTH QIGONG GAMES**

**REGISTRATION FORM**

|  |  |
| --- | --- |
| Country/region |  |
| Name of organization |  |
| Number of teams to Games |  |
| Number of athletes to Games |  |
| Number of participants to Health Qigong Training |  |
| Total number of persons |  |
| Accommodation requirement |  |
| Name of the team leader |  |
| Contact of team leader |  |

N.B. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before **1st October 2022**

Applicant. Tel.

E-mail：

Signature of Person-in Charge.

Date: / /2022

**Appendix 4 – Form 2**

**ENTRY FORM OF THE 5TH EUROPEAN HEALTH QIGONG GAMES**

Country/Region. Delegation. Leader of the delegation. Coach.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | D.O.B (D/M/Y) | Passport No. | Events | | | | | | | |
| Event | Yi Jin Jing | Wu Qin Xi | Ba Duan Jin | Tai Ji Yang Sheng Zhang | Da Wu | Ma Wang Dui | Dao Yin Yang Shang |
| 1 |  |  |  |  | Team |  |  |  |  |  |  |  |
| Individual |  |  |  |  |  |  |  |
| 2 |  |  |  |  | Team |  |  |  |  |  |  |  |
| Individual |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

N.B. 1.Please tick ✓ where applicable. 2. This form can be copied.

3. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before 1st October 2022

Contact person. Tel. Fax. E-mail：

Signature of Person-in Charge. Date: / / **Appendix 4 – Form 3**

**ENTRY FORM OF THE 5TH EUROPEAN HEALTH QIGONG GAMES HEALTH QIGONG TRAINING**

Country/Region. Delegation.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender | D.O.B (D/M/Y) | Please choose the options below (A or B) | | What routines have you learned |
| (A) Technical Training: Health Qigong· Mingmu Gong | (B) Master Class: Health Qigong·Liu Zi Jue Intensive Lecture |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

N.B.. 1.Please brief you at Health Qigong practice field. 2. The form can be copied.

3. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before 1st October 2022

Applicant. Tel. Fax. E-mail：

Signature of Person-in Charge. Date: / /

**Appendix 4 - Form 4**

**TRAVEL FORM OF THE 5TH EUROPEAN HEALTH QIGONG GAMES**

Country/Region. Delegation.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Arrival | | | | Departure | | | |
| Flight No. | Arrival Time | Arrival Date | Number of persons | Flight No. | Departure Time | Departure  Date | Number of persons |
|
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

N.B. 1. the form can be copied.2. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before 15st October 2022

Applicant. Tel. Fax. E-mail：

Signature of Person-in Charge. Date: / /2022

**Appendix 4 - Form 5**

**THE 5TH EUROPEAN HEALTH QIGONG GAMES**

**PAYMENT INFORMATION AND FORM**

We are committed to providing the best attendee experience and ensuring an efficient and secure registration process. Please pay all participation fees by bank transfer before participating. The prepayment process for accommodation fees, entry fees and other related expenses is as follows:

1. The registration unit is responsible for submitting the registration information of all participants of the unit uniformly.

2. The registration unit is responsible for submitting the fees for all participants of the unit in a unified manner.

3. The registration unit is responsible for filling out and submitting this form (Appendix 5, Form 6).

4. Full payment received before August 31, 2022 will be entitled to a 10% discount on training and competition fees per person.

5. From October 1, 2022, late bookings will be charged an additional 10% of training and competition fees per person.

6. The final payment must reach the Italy Health Qigong Association bank account before October 15, 2022.

7. Participants registered after October 1, 2022 can participate in this event, but are not included in the program.

8. Bank information of Italy Health Qigong Association:

|  |  |
| --- | --- |
| **Account Name:** | **IHQA – ITALY HEALTH QIGONG ASSOCIATION** |
| **HOLDER ADDRESS** | **VIA LIDICE 12/4, 41012 CARPI(MO), ITALY** |
| **IBAN:** | **IT72 S 05034 23302 000000014257** |
| **BIC / SWIFT:** | **BAPPIT21406** |
| **Bank Name** | **BANCO BPM** |
| **BANK ADDRESS** | **Via Carlo Marx, 64, 41012 Carpi(MO), ITALY** |

**1. PAYMENT FOR THE COMPETITION/COURSE/BANQUET/TRIP**

**2. PAYMENT FOR THE HOTELS AND THE MEALS (INVOICE CAN BE PROCESSED IF NECESSARY)**

|  |  |
| --- | --- |
| **Account Name:** | **BRUNI PAOLA** |
| **HOLDER ADDRESS** | **Via della Stazione 7°, 00042 Anzio (Rm). ITALY** |
| **IBAN:** | **IT65 P 03058 01604100572089960** |
| **BIC / SWIFT: EUROPEAN COUNTRIES** | **MICSITM1XXX** |
| **BIC / SWIFT:**  **EXTRA EUROPEAN COUNTRIES** | **MICSITM3XXX** |
| **Bank Name** | **CHEBANCA** |
| **BANK ADDRESS** | **Viale BODIO 37 - EDIFICIO 4 - 20158 Milano(MI), ITALY** |
| **Causal payment** | **European 2022 n. quote……….** |

**Appendix 4 - Form 6**

**PAYMENT INFORMATION AND FORM OF THE 5TH EUROPEAN HEALTH QIGONG GAMES**

Prices in €

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| No. | Name | Gender (M/F) | D.O.B (D/M/Y) | Passport No. | Individual competition | Group competition | On-site Training | Online Training | Farewell  Banquet | Rome day trip | Accident Insurance | TOTAL  € |
| 0 | example John Jones | M | 1-12-1965 | NL 123456 | €20.00 | €15.00 | €100.00 |  | € 20.00 | €50.00 | € 10.00 | €215.00 |
| 0 | example Scientist Joan | F | 1-12-1965 | NL 987654 |  | €30.00 | €180.00 |  |  | €50.00 | € 10.00 | €270.00 |
| 0 | example Jane | F | 1-12-1965 | NL 987604 |  |  |  | €260.00 |  |  |  | €260.00 |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |  |  |  |  |  |

N.B. Please send the form to Italy Health Qigong Association (ihqa2016@gmail.com) before 15st October 2022