

JEREMY TAI CHI

PARTICIPANT INFORMATION

I confirm this information will not be shared or sold on to any third party.

Name:

Date of Birth:

Age:

Current address:

County:

Postal code:

Phone:

Email address:

EMERGENCY CONTACT

Name of a relative or contact:

Phone:

EXPERIENCE

Do you have previous experience? Y/N

How long?

How did you hear about me?

MEDICAL ISSUES

*Are there any medical issues I should be aware of?

Are there any special areas of interest such as Spiritual, Exercises, Applications, Tai Chi Form, Meditation

CONSENT

By signing this form you confirm you are happy for me to retain and store the information on this page in both a physical and electronic format and that I can communicate with you via either your mobile or email address as needed.

All Private lessons at £40.00 per person /hr.

DISCLAIMER

*Tai Chi and Qi Gong are known to have considerable medical benefits but It is up to you to ensure you are fit enough to participate in these classes. My instruction is not intended to be a substitute for the medical advice of a doctor. I recommend all students seek professional medical advice before embarking on any new exercise programme. These classes are attended at your own risk and you are advised not to strain your body or participate if injured, acceptance is confirmed by your attendance and/or signature below.

Signature of participant:

Date: