| Jeremy Tai Chi  |
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| 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? |
| 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 |  |
|  |
| Any other comments |  |
| 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 licensed physician. 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 signature below.  |
| Signature of participant: | Date: |