



# *T'ai Chi Class Registration Form*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation to You \_\_\_\_\_

Emergency Contact -- Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Have you practiced t'ai chi before?  yes  no

If yes when? From \_\_\_\_\_ to \_\_\_\_\_

Style \_\_\_\_\_ Teacher/School \_\_\_\_\_

Why do you wish to practice T'ai Chi?

What other types of physical activities do you currently participate in on a regular basis?

Please list any injuries or conditions that may limit your t'ai chi practice (arthritis, asthma, back/neck pain, knee / shoulder / other joint pain, cancer, diabetes, epilepsy, hernia, glaucoma, high/low blood pressure, heart disease, osteoporosis, pregnancy, scoliosis, surgeries, etc.):

Where did you find out about our classes?

## *Liability Waiver*

**Please read and sign below.**

*Awareness is fundamental to the practice of t'ai chi, and I am fully aware that some of the t'ai chi activities may be difficult for me and that it is my responsibility to monitor each activity and determine whether it is appropriate for me to participate.*

*I acknowledge that it is also my responsibility to consult with a physician regarding any injury or condition that may affect my participation in this program. I agree not to hold Greg Knollmeyer or The Riverside Arts Center liable for any injury or damages related to the participation of the t'ai chi class.*

Signed \_\_\_\_\_ Date \_\_\_\_\_