



CELESTIAL TAI CHI COLLEGE PTY LTD

P.O. Box 1135 Box Hill 3128

ABN 104 536 834

ENROLMENT FORM

If you do not undertake regular exercise, it is advisable to consult your Doctor before undertaking an exercise program.

Name:..... Date:.....

Address:.....

.....

Phone (H) (B)

Mobile No.

Occupation:.....

Email Address:

Do you want to receive electronic information about Tai Chi? Yes No

Tai Chi Centre:..... Health Care Card No.....

Emergency Contact Name:..... Phone No:.....

How did you find out about the Celestial College?

This information is for the records of the Celestial Tai Chi College and will remain confidential to the College.

CLIENT CONSENT

I,, am willing to participate in this exercise program at my own risk. I take full responsibility for any damage to my person and/or property that may arise directly from my participation in this program. I understand that although every reasonable care will be taken, I hereby consent and confirm that the Celestial Tai Chi College Pty Ltd, its instructors or the owners or managers of the class venue will not accept responsibility for accidents or mishaps of any kind which may occur during instruction or practice session.

Signed:.....

Date:.....

Witness (Instructor):.....

