



CELESTIAL TAI CHI COLLEGE PTY LTD

ABN 21 104 536 834

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ENROLMENT FORM

If you do not participate in regular exercise, it is advisable to consult your Doctor before undertaking a Tai Chi and Qigong exercise program.

Name: _____ Date: _____

Address: _____

Phone: _____

Email: _____

Occupation: _____

Would you like to receive Celestial's email newsletter? Yes No

Healthcare Card No: _____ Tai Chi Centre: _____

Emergency Contact Name: _____ Phone: _____

How did you find out about Celestial Tai Chi College? _____

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

CLIENT CONSENT

I, _____ am willing to participate in this exercise program at my own risk. I agree to not attend class if I am unwell and have symptoms of COVID-19. 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: _____