



the tai ji circle

for Chen tai ji quan, qi gong, gong fu and tui na, the traditional Chinese arts of relaxation, health and fitness

please supply 2 recent passport-size photos with your name on the back

membership form 2010

PLEASE FILL IN YOUR DETAILS IN BLOCK CAPITALS, 1 form for each adult or child

title/name _____ surname _____

profession _____ birthdate _____

telephone & mobile _____

address _____

post code _____

email* _____

membership number _____ bccma no. _____

to be supplied by The Tai Ji Circle

membership fee _____ joining date _____

renewal/new membership fees

renewal: adults: £60 • children (ages 6-15 years): £30 • family group (2 parents & children): £80

new members: adults: £100 • children (ages 6-15 years): £50 • family group (2 parents & children): £160 (includes tai ji clothes)

Payments by Cash in class or Cheques to be made out to 'Tai Ji Circle' (cheques or P.O. only) posted with a stamped self-addressed envelope to, Tai Ji Circle, 4 Camden Terrace, London NW1 9BP)

what would you like to achieve from your training? _____

how did you hear about us? _____

*(All information supplied is confidential and will not be passed onto to any other group or business)

release

I am aware that The Tai Ji Circle is here to serve me by sharing knowledge of Chinese health arts including internal and external forms of Chen tai ji quan, qi gong, wushu, and their techniques. I recognise that these activities may at times be very strenuous. By my participation in any Tai Ji Circle activities, I present to you that I am physically fit. I agree to take full responsibility for not exceeding my limits and for any injury I might suffer while doing any of these activities. It is my responsibility to ascertain that there is no medical reason to prevent my participation. I assume full risk for any injuries which I may incur and waive any claim that I might have at any time for injury of any sort or any person or entity involved therewith.

I have carefully read the above release and fully understand and agree to the above.

Signature: _____ Date: _____

If under 18 years of age: as legal guardian of _____ we consent to the above conditions.

If you have any kind of pre-existing condition which may affect your ability to participate, you should notify the teacher before class and consult your doctor to approve your participation before you begin classes.

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non-members release form 2010

title/name _____ surname _____

profession _____

birthdate _____

telephone and mobile _____

address _____

post code _____

email _____

how did you hear about us? _____

what would you like to achieve from your training _____

*(All information supplied is confidential and will not be passed onto to any other group or business)

release

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I have carefully read the above release and fully understand and agree to the above.

Signature: _____

Date: _____

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