



# Membership and Registration Form

Name \_\_\_\_\_  
(Surname)

\_\_\_\_\_  
(Given names)

Address \_\_\_\_\_  
(Street address / Box No.)

\_\_\_\_\_  
(Community) (Postal Code)

Telephone (H) \_\_\_\_\_  
(W) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_

Tel. no. \_\_\_\_\_

Do you have martial arts experience or exercise regularly? (type of exercise, frequency)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical condition/s that may affect your practice?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What treatment is required in case of an emergency?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, hereby make application for probationary and full membership in the Tai Chi Association Yukon and upon acceptance I sincerely pledge to obey all the rules and regulations which were formulated for the purpose of keeping order in the club and for the protection of students from injury. I further acknowledge and understand that a risk of personal injury is involved that requires my strict adherence to the rules and regulations and to the instructor's discipline. In consideration of accepting my application and in further consideration of the fees required by the rules and regulations for participation in the club activities, I, my heirs, executors and administrators do hereby forever release, remise and discharge the Tai Chi Association Yukon, its directors, instructors, members and guests from all responsibilities and all claims for injury which I may receive while practicing tai chi; and hereby request that this application be accepted, and consideration of this acceptance and the monies to be paid, hereby agree to indemnify the Tai Chi Association, its directors, instructors, members and guests, of and from all manner of claims made by or on behalf of the applicant.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature (if applicant under 19 years of age)

Notes: (date, total paid, cash or cheque, received by)

Class: \_\_\_\_\_

Fees: Annual Membership \_\_\_\_\_ \$10.\_\_\_\_

1st Semester \_\_\_\_ classes x \$8. = \_\_\_\_\_

2nd Semester \_\_\_\_ classes x \$8. = \_\_\_\_\_

Drop-in \$40. card # \_\_\_\_\_

Event \_\_\_\_\_

09/09