

Student Info Sheet

Today's Date: _____ Referred by: _____

Name: _____ DOB: _____

Home Phone: _____ Work Phone: _____

Address: _____

Apt: _____ City: _____ Zip: _____

Email: _____

Please check all ways you learned about North Austin T'ai Chi:

Austin Chronicle _____ Yellow pages, what sections: _____ Friend _____ Website _____
Poster: location: _____ Other: _____

What are you looking to gain from studying T'ai Chi:

Self-Defense Weight Control Physical Fitness Stress Relief
 Self-Confidence Self-Control Self-Discipline Socializing – Fun
 Relieve Pain Develop Grace For More Energy Improve Posture
 Self Improvement Improve Balance Improve Coordination Mental Development

What does knowing T'ai Chi mean to you?

List all health conditions you have that I, as the instructor, need to know about. Does not matter how minor it is.

If you do have a health condition, have you consulted your Doctor about taking T'ai Chi? Yes / No

Please Read Carefully Before Signing

- **I will assume full responsibility for my own actions and following instructions given by the instructor in class.**
- I fully realize the dangers of participating and voluntarily assume all risks associated with such participation.
- I agree it is my sole responsibility to be familiar with the physical and/or mental demands associated with the classes I attend. With this in mind, I have no physical or medical condition which, to my knowledge, would endanger others or myself if I participate in these classes or would interfere with my ability to participate in these classes.
- I also agree to abide by any established rules or regulations while in these classes and understand that inappropriate behavior on my part affecting leaders or other participants may be just cause for revocation of membership.
- I understand and agree that situations may arise during these classes which may be beyond the control of the leader or participants.
- With this knowledge, I release forever Kade Green d.b.a. North Austin T'ai Chi, any establishment where events or classes are conducted and Duval Gardens and all employees and residents of Duval Gardens, Theresa Floyd (San Shou Instructor) or other participates responsible for any injury or damage incurred while participating in any event or class sponsored by Kade Green d.b.a. North Austin T'ai Chi.
- I have carefully read this form and fully understand its contents.
- I am aware this is a release of liability and an agreement between myself and Kade Green d.b.a. North Austin T'ai Chi for the benefit of others described herein, I sign it of my own free will.

Signature of Student (parent/guardian if student is a minor) Date: _____