Registration, Release & Membership Application Form

Name: _____ Phone Day: _____

Email: _____ Phone Evening: _____

Address: Street: _____ Mailing: _____

Emergency contact (Name & Phone):

Injuries and/or medical conditions that may affect your practice:

What medications are you taking or serious allergies you have that should be made known to medical personnel in case of emergency?

Birth Date (dd/mm/yyyy): | Full-time secondary or post-secondary student: ❒

Fees: Class fees are $15/hour. All courses for full-time students and seniors (≥65 yrs.) are ½ price.

Membership is mandatory. If the fees are a barrier to participation, a person can approach their instructor or Tai Chi Yukon with a private request for a 50% discount, no questions asked.

Annual membership fee: $15	$ _____	Paid by:
Course #1 Code: _____	$ _____	eTransfer ❒
Course #2 Code: _____	$ _____	to: taichiyukon@gmail.com
Course #3 Code: _____	$ _____	Cash ❒
TOTAL:	$ 0.00	Cheque ❒

AUTHORIZATION AND WAIVER OF LIABILITY

I acknowledge that participation in Tai Chi Yukon classes and practices involves some risk of injury, illness, or loss of personal property. I agree to release and forever discharge Tai Chi Association, Yukon, its Board of Directors, its members individually, and its officers, instructors, and teaching assistants, from any and all claims, demands, rights, and causes of action of whatever kind or nature, arising from and by reason of any and all known and unknown foreseen and unforeseen bodily and personal injuries, including death, damages to property and the consequences thereof, resulting from my participation in Tai Chi Yukon classes, practices and related activities. I certify that, to the best of my knowledge, I am in good health and physically capable of undertaking Tai Chi Yukon classes, practices or related activities that I have registered to participate.

Acknowledgement of Understanding

I have read this waiver of liability, assumption of risk and indemnity agreement. I understand its terms and understand I am giving up substantial rights, including my right to sue. I acknowledge that I am signing this agreement freely and voluntarily and intend by my signature to be a complete and unconditional release of liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators and assigns.

Tai Chi Yukon, Association Membership

I apply for full membership to Tai Chi Association, Yukon, for the **2026/27** year and pledge to uphold all its rules and regulations.

Promotional Use of Photographs

I consent and allow Tai Chi Yukon to use my picture or any photographs taken by me for any promotional materials including the website and any related website links as may be required from time to time for its purposes.

Name (Please print): _____

Signature: _____

Date: _____

Guardian's name and signature if under 19 years of age.

Name (please print): _____

Signature: _____

For administration use only: Amount received: Date received: Initials:

Please email your completed form to taichiyukon@gmail.com