



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 practise: _____

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: <input type="checkbox"/>
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Fees: If taking more than one class in a semester, the 2nd and additional classes are ½ price. All classes for full-time students and seniors (≥65 yrs.) are ½ price. Membership is mandatory.

Annual membership fee is \$10:	\$ _____		
Class #1 Code: _____	\$ _____	Paid by:	
Class #2 Code: _____	\$ _____	Electronic	<input type="checkbox"/>
Class #3 Code: _____	\$ _____	Cash	<input type="checkbox"/>
Class #4 Code: _____	\$ _____	Cheque	<input type="checkbox"/>
TOTAL:	\$ _____		

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 2022/23 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): _____	Guardian's name and signature if under 19 years of age.
Signature: _____	Name (please print): _____
Date: _____	Signature: _____

* SEE PAGE 2 *

For administration use only: Amount received: _____	Date received: _____	Initials: _____
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**Guidelines for keeping each other healthy
and preventing the spread of COVID-19 and other viruses.**

1. Get vaccinated.
2. Wear a mask if you cannot maintain physical distancing of 2 metres (6 feet).
3. Keep your hands clean.
4. Stay home if you're feeling sick.
5. Self-isolate if required to do so.

Watch for symptoms, no matter how mild.

- Fever/Chills
 - Cough
 - Shortness of breath
 - Runny nose
 - Sore throat
 - Headache
 - Loss of sense of taste or smell
 - Fatigue
 - Loss of appetite
 - Nausea and vomiting
 - Diarrhea
 - Muscle aches
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