**TAI CHI FOR ARTHRITIS ENROLLMENT FORM**

Name: .............................................. ……...Date of Birth: .......................................

Address: .................................................................................... ……………………..

................................................ ………………… Post Code:......................................

Email: ………………………………………………………………………………………..

Telephone: (Home) ............................................. (Other): ........................................

Contact person in case of emergency: ................................................. ……………..

Telephone: (Home) .............................................. (Other): .......................................

I have read the Tai Chi for Arthritis Program Guidelines and I understand that there is an inherent risk in any exercise activities and I agree to abide by the rules set out in the Program Guidelines. I have no medical contraindication to participating in this workshop or class. I understand if I believe that I might have any medical contraindication to participating in this workshop or class then it is my responsibility to obtain a clearance from my doctor before commencing.

Signature: ............................................................................. Date: .............................

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| **PROGRAM GUIDELINES**  Workshop or classes are open to any suitable person as specified per brochure, provided they are medically fit and can participate without assistance in the class. | Any participant who has any doubt whether they are medically fit to attend the workshop or class, are required to have a medical clearance from their doctor prior to commencing the workshop. |
|  Classes usually last for one hour. Participants are encouraged to have a rest in between and to work within their own comfort zone at all times. | Designed by Tai Chi and medical experts led by Dr. Paul Lam and supported by the Arthritis Foundation of Australia. |
| Participants are required to do a gentle warm-up exercise before they start and cooling down exercise afterward. | Trained instructors of this program conduct classes. All certified instructors will be listed online at www.DrPaulLam.com |
| The Tai Chi exercise in this program would be similar to walking in terms of physical exertion. | |

**For TCA Coordinator Only**

**Instructor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**