



Golden Phoenix Tai Chi

Cairns Australia
Julie M Hutchin/Sifu

Application for Student Enrolment

Given Name: _____ Family Name: _____

Gender: Male Female Date of Birth: ____/____/____

Address: _____ Suburb: _____ Postcode: _____

Telephone: (H) _____ (B) _____ (M) _____

Email: _____

Emergency contact: Name: _____ Phone: _____

Profession: _____ Skill _____ Hobby _____

Medical Information:

Please circle any pre-existing medical conditions?

Heart/cardiovascular disease Asthma/breathing disorders Diabetes

Orthopedic Concerns Psychological problems Other: _____

Blood type if known: _____

Previous Martial Arts Experience

Martial Tai Chi Chuan Tai Chi for Health



Other: _____

I hereby give permission for photographs/images of myself to be used on:

www.jmhconsultau.com.au; Facebook Julie M Hutchin Goldenphoenix Taichi;

Facebook Julie M Hutchin Consulting Australia; Google+; LinkedIn; SpiritualNetworks.com;

Google Bloggers; Connect Magazine.

Yes No Allow me to inspect images first

I, the undersigned applicant, hereby apply to be instructed in the Golden Phoenix Tai Chi Program. I agree to undertake that I will not use or teach Martial Arts in an abusive manner outside the School's teaching premises. I accept my rights, responsibilities and risks as outline below.

Applicant's Signature: _____ Date: _____

Applicant's Rights and Responsibilities

All students have the right and responsibility to excuse themselves from any exercise they believe will be harmful to them. All students must evaluate each situation in the context of their skill and current physical condition, and to conduct each exercise and form in a manner that is safe. If an instructor gives an instruction that is unsafe for the student, it is the student's responsibility to inform the instructor that the skill may be unsafe.

In the event of an injury, students have the right and responsibility to evaluate the extent of harm and determine whether it is safe to continue.

If a student notes an unsafe training situation, the student must notify an instructor or staff member immediately.

INDEMNITY RELEASE AND WAIVER

I acknowledge that participation in martial arts may involve a real risk of injury, potentially serious, and that those risks could include personal injury and economic loss. I understand it is in my interests to follow all instructions given to me by the instructor. I confirm that I have no pre-existing medical or physical condition that would affect my ability to perform martial arts and in the event of any change of my physical or medical condition, I will advise the instructor of any changes that would affect my ability to engage in martial arts training. I understand the risks involved with martial arts and health training and acknowledge that those activities are done so at my own risk and that Golden Phoenix is not responsible for any injury or resultant loss or damage.

I indemnify and release Golden Phoenix Tai Chi, its instructors, staff, guests, students, landlords, management companies and any other relevant parties (agents) against any liability, loss, claim or proceeding in negligence, at common law, tort or in respect of any personal injuries sustained by me resulting from my activities as a student at the school during the term of this Agreement, unless caused by the negligence of Golden Phoenix and or its agents.

Applicant's Signature: _____ Date: _____

(Parent/Guardian signature is required where applicant is under 18 years)

Parent/Guardian Full Name: _____

Parent/Guardian Signature: _____

