



## Tai Chi Student Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Best phone number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

Do you have any physical limitations, injuries or medical conditions that we need to know about or adjust activities for? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_