# Round 2 Tai Chi
# Student Information Form

Regarding confidentiality: I will not sell any of this information, nor disclose it to others. I will only use the information below as needed to document you are a student at our school, contact you when needed, ensure a safe and high quality class experience, and tailor content and expectations appropriately.

Name:

Mailing Address Line 1:

Mailing Address Line 2:

Contact Phone #:

Contact Email Address:

Date of Birth: Sex:

Emergency Contact Name:

Emergency Contact Number:

Please list any medical conditions which could require urgent care during class:

Please list any medical conditions which should be taken into consideration when setting goals during class:

How did you hear about us?

Have you studied dance or gymnastics before?

Have you done Yoga, Pilates, or similar bodywork before?

Have you studied Martial Arts before?

Have you studied Tai Chi before?

Have you studied energy work/Qi Gong/Reiki/etc. before?

If you answered “yes” to any of the above five questions, feel free to add detail here:

What interests you about Tai Chi?

What do you hope to get out of classes with us?

If you know your learning type, enter it here:

If you know your personality type from any test, list the test and type here:

I acknowledge the information above is complete and accurate:

Signed:

Date: