

# White Magnolia Tai Chi School

445 Colusa Avenue  
Kensington, CA 94707  
510-525-0244

## Plum Blossom International Federation of Choi Li Fut/Tai Chi

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt.# City Zip

Phone: \_\_\_\_\_  
Home Work Emergency (optional) Name/Relation

Email address: \_\_\_\_\_

Education/ Passion/ Employment \_\_\_\_\_  
Degrees or Experience, Present or Past

Past training (exercise/sports/dance): \_\_\_\_\_

Reasons/ intentions that bring you to White Magnolia: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Number of classes/wk you hope to attend: \_\_\_\_\_

Are you currently receiving treatment for any physical or mental condition/s which might affect the way you learn tai chi? If so please explain on reverse side. \_\_\_\_\_

Any physical limitations or past injuries? If so please explain on reverse side. \_\_\_\_\_

Are you taking any medications which might affect your performance here? If so please explain on reverse side. \_\_\_\_\_

Fee: \$120 / month (regular tuition): \_\_\_\_\_  
\$105/ month (65+ and attending Restorative classes only): \_\_\_\_\_  
Other (E.G. \$5 / mo. discount if more than one household member attends WM): \_\_\_\_\_

How did you hear about White Magnolia School? \_\_\_\_\_

I hereby represent that I am physically fit to undertake this course of instruction in tai chi. I understand that tai chi is not a substitute for any medical or psychological treatment I may be receiving from health care providers, and that any exercise program, including tai chi, should be undertaken under doctors' supervision by persons suffering or recovering from illness or injury. I am aware that there is some risk of injury in participating in this course of tai chi instruction. I assume full responsibility for any injuries or losses I may incur while participating at any activity at White Magnolia School, and waive all claims against the instructors and/or fellow students of White Magnolia classes and against the owners of the building, by signing this agreement and participating in this course of tai chi instruction.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date