



Wu's Tai Chi Chuan Academy, Archway, London, UK

Member Registration Form

Date of Registration

Title:

First Name

Surname

Address.....

..... Post Code

E mail Address

Preferred Contact telephone number

Alternative Contact telephone number

Gender: Male/Female Date of Birth

Occupation

Emergency Contact

Name Telephone Number

Have you had any previous experience of Tai Chi Chuan or other martial art?
Yes/No If yes please give brief details.

Do you take any regular form of exercise?
Yes/No If yes please give brief details.

Do you have any present or previous medical condition(s) which may affect your ability to carry out physical exercise and of which we should be made aware?
Yes/No If yes please give brief details.

Signature

Fee paid

Instructor Name

Date

