



Registration Form



Name: _____ Date of Birth: ___ / ___ / ___ Male/Female (Circle One)

Address: _____

City: _____ State: _____ Zip Code: _____

Occupation/Grade: _____ Email: _____

Contact Phone#: _____ (home) _____ (cell phone)

How did you hear about us? _____

Payment Description _____ New: _____ Renew: _____

Membership/Period		Mon.	Tue.	Wed.	Thu.	Fri.	Sat.	Sun.
Tuition Fee	\$	AM: 8:30-9:30	9:30-10:30	10:30-11:30	11:30-12:30			
Uniform	\$	PM:2:00-3:00	3:00-4:00	4:00-5:00	4:00-5:30	5:00-6:00	5:30-7:30	6:00-7:30
Others	\$	Private Lesson:						
Total Amount	\$	Cash	Credit Card	Check				
Program								

Registration Fee: \$30 applies to each student
Service Charge for a Returned Check is \$30.00

Student shall not be relieved of obligations to make any payment of tuition herein agreed to, and no deduction, no refund or allowance from any of said payment shall be made, by reason or withdrawal of student from program, or by reason of student's failure to attend or use the program.

Attendance Policy: 2 classes for monthly session and 5 classes for members are allowed to make up within the first month of each new semester.

Waiver of Liability:

I for myself, my personal representative, heirs, and next of kin, fully acknowledge that participation in Tai Chi/Martial Arts classes includes but is not limited to physical exercise which could cause injury or participant. I am voluntarily participating in these activities and assume all risks of injury to myself that might occur. I acknowledge that it is my responsibility to decide whether I am physically fit for participation. I hereby express release and hold harmless the Company, its servants, agents, or employees from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities including the negligence of them and any loss of theft of personal property as a result of my participation in these activities. I further agree to allow the program provide to use my likeness from photographs or video taken during my participation for promotion purposes. During some of these sessions, they maybe necessary for staff instructor to touch parts of my body. If I have any objection or sensitivity to touching, it is my responsibility to inform the staff instructor. By signing this form I consent to appropriate touching by the staff instructor. I agree to comply with the Rules and Regulations provided and acknowledge my studies can be terminated upon my disregard of the Rules and Regulations. **I have read this agreement, fully understand its terms, understand that I have give up substantial rights by signing it and signed it freely and without any inducement or assurance of any nature and intend it be a complete and unconditional release of all liabilities to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.**

Applicant's Signature: _____

Date: ___ / ___ / ___

Manager's Signature: _____

Date: ___ / ___ / ___

SITAN TAI CHI, INC

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