



Student Registration / PAR-Q / Waiver

Please fill in this form so we have some basic information about your current health and so we can let you know about events and classes which may be of interest to you. We may also ask you for a registration photo, which you can choose not to supply. All information provided will be strictly confidential and we will not provide your details to any third parties, except as required for Test & Trace if we are contacted.

Name:
Address:
Postcode:
Contact No:
Email:

What is your age?

- under 30 30-39 40-49 50-59 60-69
 over 70

Emergency contact:
Contact No:

Current Health

How would you describe your general health and well being at the moment?

- Excellent Pretty good Some concerns Poor

Please indicate any health conditions that may affect your participation in our classes:

For most people, physical activity should not pose a problem or hazard. The PAR-Q (Physical Activity Readiness Questionnaire) has been designed to identify the small number of people for whom physical activity might be inappropriate or for those who should seek medical advice concerning the type of activity most suitable for them. Common sense is your best guide for answering these questions.

- Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? YES NO
- Do you ever get unusually short of breath, or have chest pains, with light exercise? YES NO
- Do you regularly have unexplained pain in the abdomen, shoulders or arm? YES NO
- Do you ever have severe dizzy spells or episodes of fainting? YES NO
- Do you have a bone or joint problem (for example, back, knee or hip) that could be made worse by a change in physical activity? YES NO
- Is your doctor currently prescribing drugs for your blood pressure or heart condition? YES NO
- Do you know of any other reason why you should not do physical activity? YES NO

If you have answered YES to any of the above questions, then it will be your responsibility to check with your doctor that it is suitable for you to continue participating in Qigong, Tai Chi or Meditation classes with Longwater Tai Chi.

Declaration

I confirm that I have provided details of any health issue that may affect my training in Qigong, Tai Chi or Meditation and I know of no medical reasons why I should not participate in classes run by Longwater Tai Chi. I accept full responsibility for, and assume the risk of any injuries sustained of my participation in any Qigong, Tai Chi or Meditation event held by Longwater Tai Chi, and release and hold harmless any of its instructors for any liabilities, injuries or expenses which may arise as a result of participation in a class or event held by Longwater Tai Chi.

I agree to comply with all Covid-19 safety guidance provided by Longwater Tai Chi and the venues they hold sessions in.

I confirm my agreement to Patrick Foley, Jane Launchbury and Gina Davenport from Longwater Tai Chi retaining my contact details, attendance records and basic health information on the school database (name, address, telephone, email, date of attendance, amount paid, state of health at time of registration) so they can contact me, and to send me updates on classes and events they are hosting. I also confirm that Longwater Tai Chi may use my image from any videos and photos of my attendance at classes and events, online or in print, to help promote the benefits of learning with Longwater Tai Chi. I understand my details will not be divulged to any third party, except if required for Test & Trace, and that Longwater Tai Chi will destroy my personal information if I no longer attend classes.

Signed: _____

Date: _____