



# Esperance Tai Chi

## ENROLMENT FORM

Please Read: If you not undertake regular exercise, it is advisable to consult your doctor before undertaking an exercise program.

Name..... Date.....

Address: .....  
.....

Phone (H): .....Mobile No.....

Email: .....

### **\$115 for Beginners Course**

- Paying Full Fee (\$115)
- Paying Concession Fee (\$100) Health Card Number.....

### **Accepted Payment Methods:**

- CASH (FULL PAYMENT AT FIRST CLASS)
- DIRECT DEPOSIT (Payment Reference: ESP TAI CHI) – PAYMENT BEFORE FIRST CLASS  
BSB: 036-150 / Account Number: 17-3171

### **CLIENT CONSENT**

I, .....am willing to participate in this exercise program at my own risk. I take full responsibility for any damage to my person and/property that may arise directly from my participation in this program. I understand that although every reasonable care will be taken, I hereby consent and confirm that the instructor Trevor Mitchell or owners or managers of the class venue will not accept responsibility for accidents or mishaps of any which may occur during instruction or practice session.

To be enrolled, you must have completed and signed this form and made your payment.

Note: This information is for the records of Esperance Tai Chi and will remain confidential.