

# Mr. Ma Tai Chi School (Cherry Hill)

## Tai Chi Registration Form

---

**Please complete this form, sign and date it, and mail it to:**  
**Mr. Ma Tai Chi School, P.O. Box 3637, Cherry Hill, NJ 08034.**

▶ **Make checks payable to Mr. Ma Tai Chi School.**

Name: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

May we send information and notices to your e-mail address?  Yes  No

Parent or Guardian: \_\_\_\_\_ (Please print.)

Home Telephone: \_\_\_\_\_

Emergency Telephone: \_\_\_\_\_

Class Name, Date, & Time: \_\_\_\_\_

Class Fee: \$\_\_\_\_\_ (See the fee schedule on the Tai Chi class schedule page.)

Total Enclosed: \$\_\_\_\_\_ (Make the check payable to Mr. Ma Tai Chi School.)

Refund policy: Once the first class starts, no money will be refunded.

Do you have any medical conditions that would interfere with tai chi exercise? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I release the Mr. Ma Tai Chi School and its staff from any liability due to injury.

**Signature** (Parent or guardian if under 18)

**Date**

\_\_\_\_\_

1. How did you find out about us? \_\_\_\_\_

2. What is it about tai chi that interests you? \_\_\_\_\_

3. How do you hope to benefit from learning tai chi? \_\_\_\_\_

\_\_\_\_\_