



Tai chi / Qigong session Information / Enrolment FORM with information lines

Please fill out this form with your tick or mark below for all categories.

Surname		First Name	
Title	Gender	Preferred Name	
Date of Birth / /		Address	
Email	Suburb	Postcode	
Phone / Mobile No		Emergency contact	
Occupation		Phone No	

I hereby agree that I will follow Tunde-World school rules. I am able to participate in Tai Chi / QiGong class. I will make no claim for any injuries as a result of this class (1-4)

Covid19

You are confirming that you're feeling well, you have not any Covid19 symptoms. You are not visited any blocked down are in 14 days. You are not in the tested period today and you have received any positive Covid19 test results in 14 days.

Pre-exercise assessment - Please read carefully and tick the relevant boxes:

- Has the Doctor ever told you that you have heart condition or have you ever suffered a stroke? yes ___ no ___
- Do you ever experience unexplained pains in your chest at rest or during physical activity/exercise? yes ___ no ___
- Do you ever feel faint or have spells of dizziness during physical activity that causes you to lose balance? yes ___ no ___
- Have you had an asthma attack requiring immediate medical attention at any time over the last 1 year? yes ___ no ___
- If you have diabetes (type I or II) have you had trouble controlling your blood glucose in the last 3 months? yes ___ no ___
- Do you have any diagnosed muscle, bone or joint problems that you have told could be made worse by participating in physical activity/exercise? yes ___ no ___

If you have answered 'yes' to any of the 7 questions, a formal letter of clearance **will need to be signed by your GP** or Allied health professional and passed on **Tunde-world** prior to undertaking physical activity /exercise. If you answered 'no' to all of the 7 questions, and you have no other concerns about your health, you may proceed to undertake light moderate intensity physical activity.

Tick any of the following problems you have ever experienced:

- | | | | |
|----------------------|------------------|--------------------|----------------|
| Low back, back pain | Hypertension | Digestive problems | Sinus trouble |
| Shoulder pain | Ringling in ears | Tired/Fatigue | Allergies |
| Neck pain | High cholesterol | Sleeping problems | Acne or eczema |
| Headaches, Migraines | Stressed | Menstrual pain | |
| Chest pain | High blood Sugar | Pinched nerves | |

CLIENT CONSENT

I, _____ am willing to participate in this exercise program at my own risk. I agree to not attend class if I am unwell and have symptoms of COVID-19. I take full responsibility for any damage to my person and/or 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 Tunde-World's instructor, Tunde Takacs will not accept responsibility for accidents or mishaps of any kind which may occur during instruction or practice session.

Signature: _____ Date _____

How did you find the information from Tunde-World?.....

- There might be body contact when the instructors help to correct your posture, If you do not want the instructors help to correct you, please tell to her before the class starts.
- Students must fill in the Enrolment Form and the Member Details Form before participating in any exercises without exception, all fees must be paid before term starts.
- It is compulsory for every student who participates in exercises follow the rules and safety tips.
- Please seek advice from your doctor, if you have any medical conditions which may affect your ability to do Tai Chi / QiGong.