



**CLASS ENROLMENT FORM with information lines**

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

Surname		First Name
Title	Gender <input type="checkbox"/> M <input type="checkbox"/> F	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)

**Pre exercises appraisal.**

Write a number form 1-5, ( 1 poor, 2 normal, 3 good, 4 better, 5 excellent)

Exercises daily	Posture	Stress level
Flexibility	Coordination abilities	Emotion levels
Life Style habit	Self-image	

**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 moth?      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	Ringing 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	

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

Signature: \_\_\_\_\_ Date \_\_\_\_\_

- 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.