



Membership Application

CONFIDENTIAL CONTACT INFORMATION

Name: _____ . Male / Female: _____

Address: _____ , Date of Birth: _____

_____ ,

_____ . E – Mail: _____

An email address is very advisable as we will use this to communicate essential information to you about the class. It is also very helpful to you as we provide members with training reference materials and news and information through www.taichiclونmel.com . A mobile number is also quite essential as we use this for texting all essential information to you about class arrangements and workshops.

Telephone - Home: _____ . Mobile-Emergency: _____

I hereby confirm that I wish to participate in Tai Chi training with YMAA Tai Chi Clonmel, and I hereby apply for participation in training, and membership of the club, subject to the following terms:

- (1) I confirm that I am physically and emotionally fit to engage in training, and that (*where relevant*) I have made full disclosure below of all or any medical or other conditions to the Club. I agree to supply below (*Where applicable*) details, in the strictest confidence with respect to any relevant condition(s).
- (2) Other than as disclosed at (1) I now confirm that other than this, **I do not** suffer from any medical or physical condition, illness or disability that would render me unfit for this for training.
- (3) I understand that training may include vigorous physical movement on my part, and that it might expose me to risk of injury. I confirm that I have agreed to participate on the basis of exposing myself to any such potential injury, solely on the basis that I will be solely, entirely and personally responsible for any injury that may arise, or be occasioned to me.
- (4) I otherwise agree to participate in training sensibly, taking due and proper account of my present physical condition as well any ailments or conditions I may have already Disclosed to the Club.
- (5) I also agree to participate in training, with due respect towards other members of the Club, teachers and visitors.
- (6) (You will be given a user name and password to the members section, once you have supplied an email address and paid your YMAA membership fee for the current year). I understand that this membership access is for my own personal use and I confirm that it will not be used by anyone else. I also understand and agree that this members access will be suspended or fully discontinued in the event of non payment of my YMAA sub., or in the event of inappropriate use.

MEDICAL HISTORY – CONFIDENTIAL DISCLOSURE OF INFORMATION:

Any Information disclosed or discussed with you, will only be shared as strictly necessary for the purposes of supervising your training, either with the Class Facilitator or with the Club Managers, either Fred Binchy or Brian McDonald only as the circumstances may require. This will be discussed with you beforehand.

If you have reason to disclose a condition, in some situations it might be advisable for you to obtain clearance from your own medical advisors, and if so the Facilitator or Manager will discuss this with you. From time to time, training might entail training days or events involving other Teachers or visitors. It is important that if you have disclosed a condition, that you advise the Club Facilitator on the day so that the visiting Teacher is reminded and directs your training appropriately. The Facilitator will discuss any aspect of this with you in confidence.

(Details of any know illnesses, disabilities, medical conditions, or relevant medication) *

PHOTOGRAPHS

I understand that photographs may be taken occasionally during training or related events for the purposes of promoting the art or advancing Tai Chi – Qi Gong training and I confirm that I have no objection to this.

SIGNATURE: _____

SIGNED NAME: _____

In presence of : _____

NB this is not an exhaustive list (It is up to you as part of your training and being a trustworthy student to make proper and adequate disclosure :

- Stents or bypass
- hip / joint replacement
- Blood pressure
- Heart Complaints or under going any treatment for Heart related illnesses
- Parkinson's
- back complaints, restrictions, injury, or surgery in relation to same
- any significant existing injuries or complaints
- Are you on any significant medication

