



REGISTRATION FORM

Name:

Date of Birth:

Address:

Telephone:

Mobile:

Email:

Please briefly sum up what you hope to get out of your Tai Chi/Qigong training:

At the Bamboo Grove Tai Chi School we respect your privacy. The information on this form will only be used for the administration of your account, to provide you with information about our services and to respond to any communications you might send to us. Your email address will be held on our secure Tutanota account, which is subject to EU privacy legislation, some of the strongest in the world. We do not disclose this personal data to any third parties, unless we believe in good faith that we are legally required to do so. Please tick the box if you have understood **and consent** to our use of your information in these ways.

The best tai chi teaching in our opinion involves a degree of appropriate, professional, hands-on correction by the instructor (ie physical contact to correct your posture or movement given in the presence of others). Please tick the box if you **give your consent** to receiving this. (You may change your mind about granting this permission without explanation **at any time** by contacting to the instructor in any way in which you feel comfortable.)

Please tick the box to show that you have read and understood our terms and conditions (as published on our website).

Signed:

Date: