

# EASTAMPTON RECREATION DEPARTMENT

## INTRODUCTORY TAI CHI CHUAN FOR SENIORS

### 2014 REGISTRATION FORM – AUTHORIZATION AND RELEASE

**REGISTRATION DATES:** APRIL 14 – MAY 6, 2014  
**LOCATION:** THE MANOR HOUSE, 12 MANOR HOUSE COURT  
**TIME:** 8:30 – 4:30 IN PERSON, AFTER HOURS PLEASE DROP REGISTRATION FORM & CHECK IN TAX COLLECTION BOX.  
**REGISTRATION FEE:** \$20 PER PARTICIPANT - no refunds given  
**PROGRAM INFORMATION:** For adults 50 years and older. Classes will run for 6 Wednesdays at the recreation building in Buttonwood Park on the following dates & times:  
May 7, 14, 21, 28, June 4, 11  
All classes run from 1:30pm – 2:30pm  
**PROGRAM DESCRIPTION:** SiGung Jon Walker, PhD has over 20 years in Tai Chi and teaches simple practices with techniques that relieve stress, lower blood pressure, promote relaxation, strengthen lower extremities, improve balance, and build your immune system. Learn to maintain health and enjoy it! This is a 6 week introductory class.

### PLEASE PRINT – USE ONE FORM PER PARTICIPANT

**PARTICIPANT'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **TOWN** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**CONTACT PHONE** \_\_\_\_\_ **EMAIL** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_ **BIRTH DATE** \_\_\_\_/\_\_\_\_/\_\_\_\_

**EMERGENCY CONTACT AND PHONE** \_\_\_\_\_

**ANY KNOWN ALLERGIES OR MEDICAL CONDITIONS? BE SPECIFIC** \_\_\_\_\_

I, (NAME) \_\_\_\_\_ agree to participate in all activities of the above-mentioned program. I understand that proper supervision is provided for all programs. In case of emergency, I authorize the program personnel to administer first aid treatment, to secure the services of a physician, to transport me to the nearest medical facility for treatment & to try to notify my contact person. In the event of injury due to accidents beyond their control, I agree to release and hold harmless Eastampton Township, Eastampton Recreation, supervisors, employees, and all program volunteers from all liability relating to personal injury or property damage that I may sustain by my participation in, use of equipment, or facilities therein. I also understand that Eastampton Township does not provide accident insurance for any participants.

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

ANY QUESTIONS, CONTACT EASTAMPTON RECREATION AT (609)267-5723 EXT 213 or EMAIL recreation@eastampton.com

**DO NOT WRITE IN THIS BOX – FOR OFFICE USE ONLY**

AMOUNT PAID \_\_\_\_\_ CASH \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_