



# Canada Chen-style Taichi Heritage Centre

Website: [www.cthc.ca](http://www.cthc.ca)  
Email: [cthc.ca@gmail.com](mailto:cthc.ca@gmail.com)

Phone: (613) 869-6738  
Fax: (613) 890-0258

Receipt#: \_\_\_\_\_  
Paid (\$): \_\_\_\_\_

## Which classes/addresses are you registering for?

<input type="checkbox"/> Taichi (Beginner)	<input type="checkbox"/> Taichi (Normal)	<input type="checkbox"/> Taichi (Advanced)
<input type="checkbox"/> 101 Centrepointhe Dr	<input type="checkbox"/> 100 Malvern Dr (Walter Baker Sports Centre)	<input type="checkbox"/> 110 Central Park Dr

## Student Registration Form (2015-2016)

<b>Name of Student</b>	First Name:	Chinese Name:	<b>Language</b>	<input type="checkbox"/> English
	Last Name:			<input type="checkbox"/> Mandarin
<b>Age</b> (only if student is under 18)			<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Parent/Guardian</b> (only if student is under 18)	Father	(First Name) (Last Name)		
	Mother	(First Name) (Last Name)		
	Guardian (if applicable)	(First Name) (Last Name)		
<b>Address</b>	Apt./Street: Postal Code:			
<b>Contact</b>	Home: (613)-		Cell: (613)-	
	Work: (613)-		Email:	
<b>Emergency Contact</b>	Name Phone:			
<b>Medical Conditions of Student:</b> (If any)				
<b>Membership Fee</b> Old Students: \$20/month (one-year term); New Students: \$50/month (one-year term); \$80/month (three-month term); \$100/month (one-month term).				
<b>Agreements</b> 1) I hereby apply to be admitted to the Canada Chen-style Taichi Heritage Center, and I agree to pay the membership or tuition fee. My failure to complete the course, or to continue in that course, does not relieve me of my obligation to pay that tuition fee. <b>The tuition fee is not refundable or transferable.</b> 2) I understand that there are no classes on statutory holidays and some cancellation dates (refer to schedule). 3) I agree to observe the rules & regulations of the center, and agree that my failure to observe said rules will result in my expulsion. Furthermore, I acknowledge that any fees paid to the Center up to the time of such expulsion are not refundable. 4) I recognize the inherent risk of injury or disability in the activities and understand that each participant must assume the risk of injury that could result from any of the activities. I release the City of Ottawa; Canada Chen-style Taichi Heritage Center and its principals, employees, instructors, of and from any claims for loss or injury sustained in the course of any program of the Center however the cause. 5) I understand that I am responsible for damage and vandalism caused by me or my child. 6) I agree to pick up my child (only if student is under 18) promptly after end of each class. I understand that I am responsible for additional charge of rent and babysitting fees if any. 7) I grant to the Canada Chen-style Taichi Heritage Center the right to use, reproduce, assign and distribute photographs, films, videotapes and sound recordings of the participant, for use in materials they may create.				
<b>Signature of Applicant:</b> (if student is <u>over</u> 18 years old)			Date:	
<b>Signature of Parent or Guardian:</b> (if student is <u>under</u> 18 years old)			Date:	