



Shaolin Kung Fu & Tai Chi Centre

# Membership Application

Name:	
Address:	
Email:	
Telephone:	
Date of Birth:	/ /
Profession:	
Next of kin:	
Contact number:	
Relation to you:	
Have you studied martial arts before, if so which disciplines?	
How long have you studied?	
Why do you want to study Shaolin Kungfu and/or Tai Chi?	
What are your main interests? (Please tick as many that apply to you)	<input type="checkbox"/> Weapons <input type="checkbox"/> Fighting Forms <input type="checkbox"/> Acrobatics <input type="checkbox"/> Sanshou skills <input type="checkbox"/> Tai Chi <input type="checkbox"/> Qi Gong <input type="checkbox"/> Meditation <input type="checkbox"/> Buddhism <input type="checkbox"/> Chinese Culture <input type="checkbox"/> General health and fitness <input type="checkbox"/> Self-defence skills
How did you find out about the school?	
<b>DISCLAIMER</b> Attendance at these classes is entirely at the participant's own risk. The organisers, promoters and instructors accept no liability for injury or loss sustained before, during or after the class/workshops. Signing this form signifies that you have read and understood the disclaimer.	
I confirm that I would like to become a member of the Shaolin Kung Fu & Tai Chi Centre and confirm that I have read and fully understood the disclaimer.	
Signed	Dated / /
Must be signed by an adult if the applicant is under 18 years of age	

Shaolin Kung Fu & Tai Chi Centre  
Contact us on: +44 (0)7548 885660  
Email: [shifuhengsheng@hotmail.com](mailto:shifuhengsheng@hotmail.com)  
[www.shaolintaichicentre.com](http://www.shaolintaichicentre.com)