

Telisa Tai Chi Membership Form

NAME:

ADDRESS:

PHONE:

EMAIL:

DATE OF BIRTH:

EMERGENCY CONTACT:

DATE:

CLASS ATTENDING:

CHOSEN PAYMENT METHOD:

I have read, understood and agree to the terms and conditions of my chosen payment method

SIGNATURE:

Do you have any health issues which may affect your participation in this exercise?

HOW DID YOU HEAR ABOUT ME? (New starters only):

Privacy statement

We only collect the information you choose to give us and will process it with your consent. We only require a minimum amount of personal information to fulfil the purpose of your interaction with us. We do not sell your information to third parties and we will only use it as described in this privacy statement. We are compliant with the General Data Protection Regulations(GDPR)