

**TAI CHI QUAN CLASSES 2016
MOVING FOR BETTER BALANCE**

REGISTRATION FORM

PLACE: DURHAM ACTIVITY CENTER

Sponsored By Durham Senior Board/with an anonymous sponsor

Instructor TOM CUSHING

TIME 10:15am-11:15am Tuesday and Thursday Mornings

STARTING APRIL 19TH

No Fee



Durham Recreation Office 860-343-6720

PARTICIPANT'S INFORMATION

NAME _____ **CELL#** _____

ADDRESS _____ **PHONE#** _____

E-Mail _____

EMERGENCY CONTACT _____

PHONE# _____

Please list any medical problems, including allergies or medications:

I hereby give permission for the above person to participate in the Durham Recreation Adult Exercise Program. Sponsored by the Durham Senior Board/Recreation Department. I certify that he/she/I is in good health. I have listed above any allergies, conditions and or medications that the program personnel should be aware. I further authorize the Durham Recreation Staff to act for me according to their best judgment in any emergency requiring medical attention in the event that I cannot. In case of injury I understand that I am responsible for all Financial liabilities.

Signature _____ **Date** _____