SUGGESTED ENROLMENT FORM - TAI CHI FOR DIABETES

Participant To Complete:

Name: .... Date of Birth: ....

Address: ....

.... Postcode:...

Telephone: (H)... (B):..

Contact person in case of emergency: ....

Telephone: (H)... (B):..

I have read the Tai Chi for Diabetes Program Guidelines and I understand that there is an inherent risk in any exercise activities and I agree to abide by the rules set out in the Program Guidelines. I have no medical contraindication to participate in this class or workshop, I understand if I do have any medical contraindication to participate in this class or workshop then it is my responsibility to obtain a clearance from my doctor before commencing. I understand I must obtain a doctor's clearance if I have diabetes.

Signature: .... Date: ....

PROGRAM GUIDELINES

- Workshop or class are open to any suitable person as specified per brochure, provided they are medically fit and can independently dress, are independently mobile and can participate without assistance in the class.
- Anyone with Diabetes who attends the workshop or class, isrequired to have a medical clearance from their doctor prior to commencing.
- Classes usually last for one hour.
- Participants are encouraged to have a rest in between if needed and to work within their own comfort zone at all times.
- Designed by Tai Chi and medical experts led by Dr. Paul Lam and supported by the Diabetes Australia.
- Participants are required to do a gentle warm-up exercise before they start and cooling down exercise before finished.
- Trained instructors of this program conduct classes.
- The Tai Chi exercise in this program would be similar to walking in terms of physical exertion.

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For TCD Instructor Use Only

Instructions: ....

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Signature:... Date: ....