



# CANADIAN TAI CHI ACADEMY

Unit 203B, 1220 Stellar Drive  
Newmarket, Ontario L3Y 7B9  
289-366-9956

## PARTICIPANT

### WORKSHOP REGISTRATION FORM: Cochrane, Alberta April 25-26, 2020

Name: (Mr. / Ms.) \_\_\_\_\_

Age range (circle one):    under 30;    31-45;    46-59;    60 and over

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE ADVISE THE WORKSHOP LEADER OF ANY SIGNIFICANT MEDICAL CONDITIONS**

I am a **CTCA member**:  YES    CTCA club location: \_\_\_\_\_

I will be **attending**:     Both Days - \$75     One Day only - \$50

**Dinner Reservation**: Saturday Evening:  YES -\$20     NO

Any dietary restrictions: \_\_\_\_\_

### Voluntary Release & Waiver

In consideration for being permitted by *Canadian Tai Chi Academy* to participate in the **Academy's Activities**, I \_\_\_\_\_ (print name), for myself, my spouse, heirs, legal representatives and assigns, hereby assume all risks for such involvement, and release and discharge the *Canadian Tai Chi Academy*, its affiliates, agents, officers, and employees, from all liability, claims, demands, actions and causes of action whatsoever, whether known or unknown, arising out of or relating to any loss or damage that may occur either directly or indirectly from my participation in such activity.

I enter into this VOLUNTARY RELEASE & WAIVER willingly and with full knowledge and understanding that by my signature below, I am expressly releasing the *Canadian Tai Chi Academy* from any liability arising from instruction or use of facilities and equipment while engaging in the Academy's activities.

**Signature\*** \_\_\_\_\_ **Date** \_\_\_\_\_

\*Signature of Parent or Legal Guardian Required if Student Is Less Than 18 Years of Age

### Canada's Anti-Spam Legislation (CASL) Consent

The undersigned consents to receiving by e-mail or other form of electronic contact the Canadian Tai Chi Academy's (the "**Academy**") publications, event invitations, announcements and other commercial electronic messages ("**CEMs**"). The undersigned understands that this consent to receiving the Academy's CEMs may be withdrawn at any time by e-mail at [[support@canadiantaichiacademy.org](mailto:support@canadiantaichiacademy.org)].

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please make cheque payable to: **Canadian Tai Chi Academy**

PLEASE PRINT CLEARLY IN BLOCK LETTERS



# Program Schedule & Information

	Saturday, April 25th	Sunday, April 26th
Registration	9 AM – 9:30 AM	
Morning Session 1	9:30 AM – 10:45 AM	9:30 AM – 10:45 AM
Morning Break	10:45 AM – 11:00 AM	10:45 AM – 11:00 AM
Morning Session 2	11:00 AM – 12 Noon	11:00 AM – 12 Noon
Lunch & Open Time	Noon – 1:30 PM	Noon – 1:30 PM
Afternoon Session 1 Instructor Breakout Session	1:30 PM – 3:30 PM	1:30 PM – 3:30 PM
Afternoon Break	3:30 PM– 3:45 PM	Closing Remarks
Afternoon Session 2	3:45 PM– 5:00 PM	
Dinner	5:30 PM – 7:00 PM	
Evening Session	7:00 PM – 9:00 PM	

## General Information:

- **This is a CTCA Members Only event.**
- Workshop will include content for all levels of tai chi.
- Please note: **We ask that you pre-register for this workshop.**

### **You can pre-register for the workshop 2 ways:**

1. Print out, complete and sign the Workshop Registration and Waiver Form. Scan as a .pdf file or complete the .docx Word file. Email your completed form to: [register@taichicochrane.ca](mailto:register@taichicochrane.ca)

OR

2. Send an email to : [register@taichicochrane.ca](mailto:register@taichicochrane.ca)  
Subject Line: [Last Name) Western Region Workshop Registration  
Include your name, email address and phone # in the body of the email, confirming that you will attend and whether you will attend the dinner. Bring your completed Workshop Registration and Waiver Form to the workshop.

- **Lunch and morning/afternoon snacks are included** in the workshop price.
- **An optional buffet dinner will be served in the practice hall Saturday evening. Cost \$20.** Indicate any special dietary needs on your Workshop Registration form.
- Please check Internet hotel booking sites for best local hotel or airbnb accommodations.
- Please pay at the Registration Desk the morning of the workshop. Cash or cheque only.

### Got Questions?

Email enquiries to: [vancouver@canadiantaichiacademy.org](mailto:vancouver@canadiantaichiacademy.org)

Or Phone : (604) 836-2239