

## Tai Chi Flow, age 18 years and up

End a busy day with a relaxing sequence of slow graceful movement designed to improve balance, posture and overall health. If you've always wanted to try tai chi, this follow-along class is the perfect way to get started experiencing this gentle form of exercise from China. Nothing to memorize, easy to miss a class or two and jump right back in. Tai Chi classes are taught by Kristin Dietsche, certified Tai Chi for Health instructor. No experience necessary. Please wear loose comfortable clothing and flat, closed shoes. Anderson Parks will follow health and safety practices recommended by the Centers for Disease Control, the Ohio Department of Health and Hamilton County Public Health at our activities. Recommendations include unvaccinated individuals wearing masks while indoors.

**Register in advance; space is limited.**

**Class Dates:** August 24, 31, September 7, 14, 28, October 5, 12, 19, 26, November 2, 9, 16

**Time:** 5-6 p.m.

**Price per date:** \$10 per resident, \$15 per non-resident (*individual date registration*)

**Place:** Anderson Parks RecPlex, 6915 Beechmont Ave.

**Questions:** (513) 388-5082

### Tai Chi Flow Registration ~ Fall 2021

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (h) \_\_\_\_\_ (c) \_\_\_\_\_ E-mail \_\_\_\_\_

Medical Concerns: allergies, conditions, medications: \_\_\_\_\_

Emergency Contact Name / Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Dates:**     \_\_\_ Aug 24   \_\_\_ Aug 31   \_\_\_ Sept 7   \_\_\_ Sept 14   \_\_\_ Sept 28   \_\_\_ Oct 5

          \_\_\_ Oct 12   \_\_\_ Oct 19   \_\_\_ Oct 26   \_\_\_ Nov 2   \_\_\_ Nov 9   \_\_\_ Nov 16

**Price:**           \_\_\_ \$10/date resident           \_\_\_ \$15/date non-resident           **Total Due: \$** \_\_\_\_\_

Office Use Only: Date/Time _____ Total Paid \$ _____ Cash ___ CC ___ Check # _____ Ck Name _____ Staff _____
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**Make checks payable and return to:** Anderson Park District, Anderson Parks RecPlex • 6915 Beechmont Ave • Cincinnati, OH 45230  
Registrations accepted on a first come, first served basis and are subject to the completion of payment and *Release of Liability & Authorization*. The APD may cancel or alter programs pending registration numbers.

**RELEASE OF LIABILITY & AUTHORIZATION:** I, the undersigned, hereby authorize my, and/or my child's, participation in the Anderson Township Park District dba Anderson Park District ("APD") activity for which I am registering. I knowingly and freely accept all risks associated with participation in this activity, and hereby agree to release, hold harmless, and indemnify: the APD; Forest Hills Local School District; Anderson Township; and Anderson Foundation for Parks & Recreation; and their respective Boards, employees, agents, assigns, independent service providers, sponsors, and volunteers from all responsibility in the event of accident, injury, or illness associated with participation in this activity. I hereby acknowledge the APD has provided me with, as required by law, the Ohio Department of Health "Concussion Information Sheet" and "Lindsay's Law-Sudden Cardiac Arrest information", via [www.andersonparks.com](http://www.andersonparks.com) and at the Anderson Parks RecPlex, 6915 Beechmont Ave, Cincinnati, OH 45230.

By signing this registration, I agree to abide by the APD's health and safety participation requirements. I agree to the APD's Program Registration Information and Refund Policy. In consideration of my and/or my child's participation in this APD activity/program, I agree that my likeness, or the likeness of my child, may be photographed or videotaped and that such image(s) may be published in an outlet used to promote or publicize the APD. Furthermore, I authorize the APD to use my e-mail address to send me APD information. My signature below indicates that I am at least 18 years of age, and that I have read and understand the above information concerning participation in the APD activity for which I am registering myself and/or my child.

Participant (Parent/Guardian) Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ Amex \_\_\_\_\_ Card # \_\_\_\_\_

Security Code (BACK of Card) \_\_\_\_\_ Exp. Date \_\_\_\_\_ Name on Card \_\_\_\_\_