10,000 Victories Classical Qigong and Martial Arts

New Student Form — Please complete all fields.

Contact Information

Student Name

Birthday (MM/DD/YYYY)

Email

Mobile Phone

Mailing Address

Emergency Contact Name

Relationship

Phone

Health & Safety

Do you have any medical conditions, injuries, or physical limitations we should be aware of?

Training Interests

Which art(s) are you interested in studying? Check all that apply.

- ☐ Tai Chi
- ☐ Qigong
- ☐ Xingyi Quan
- ☐ Northern Shaolin
- ☐ Bagua Zhang
- ☐ Sword / Classical Weapons
- ☐ Other:

Which format works best for you? Check all that apply.

- ☐ In-person — San Rafael
- ☐ Online platform
- ☐ Both
- ☐ Private one-on-one instruction with Sifu Jensen

What are you most interested in developing through your practice? Check all that apply.

- ☐ Health & vitality
- ☐ Balance & coordination
- ☐ Strength & conditioning
- ☐ Flexibility & mobility
- ☐ Focus & concentration
- ☐ Relaxation & stress reduction
- ☐ Energy / Qi cultivation
- ☐ Tai Chi skill
- ☐ Qigong skill
- ☐ Martial arts skill
- ☐ Self-Defense
- ☐ Elevate spiritual energy
- ☐ Pain management
- ☐ Heal a specific concern
- ☐ Other:

Getting to Know You

Of these training interests (on page 1), what is most important to you right now, and why?

Have you previously studied or practiced Tai Chi, Qigong, Chinese martial arts, other martial arts, meditation, yoga, dance, or other movement practices? For how long? Who were your teachers?

Is there anything else you'd like Sifu Jensen to know about you or your reasons for beginning training?

Which programs are you interested in enrolling in? _____

How did you hear about us? _____

Media Consent

I understand that 10,000 Victories may occasionally take photos of group classes in progress to share and promote the arts and our classes. I give permission for 10,000 Victories to use photos if I happen to appear in them.

☐ Yes, I consent

Signature _____ Date _____