

Liu's Medical Chi Gong T'ai Chi Program

Student Information Sheet

Full Name: _____

Address: _____

Date of Birth: _____

Occupation : _____

Contact E-Mail : _____

Telephone: (H) _____ - _____ - _____

(C) _____ - _____ - _____

Additional Information :

Declaration of Apprenticeship

I, _____ officially declare my authentic intention to become an apprentice to Shifu Jiliang Liu. By signing this document, it represent that I've fully understand and agree to the true meaning of apprenticeship. I understand that from this day forward, I have the obligation to dedicate myself to Shifu Jiliang Liu's teaching. I will respect and honor Shifu Jiliang Liu and the rest of our martial family. I will always abide by the code of conduct established by mutual agreement of our martial family.

By declaring my authentic intention to become an apprentice, I must be willing to:

Pay respect and tuition to Shifu Jiliang Liu on a monthly basis. The amount of tuition should be self-determined, but should not be less than \$399. This tuition is to ensure the prosperity and the continual growth of our martial family.

Pass on the knowledge of Liu's Medical Chi Gong T'ai Chi to future generations of apprentices, upon completion of studies with Shifu and obtaining his commendation of suitability to teach.

Invite and recommend others who are interested in our martial system.

Support and aid all other apprentices.

I understand that if I neglect and renege on my promises. I will be subjected to punishment and/or face expulsion from our martial family.

Sincerely: _____ Date: _____

Shifu Jiliang Liu's Signature: _____

Consent Form for Media Release

I grant permission to Traditional T'ai Chi Health Preservation Foundation and Traditional Chinese Medicine of New York, to use my name and/or photographs/videos for use in the publications such as brochures, newsletters, and magazines, and to use my name/and or photographs and videos on display boards, to use my name and/or photographs/videos in electronic versions of the same publications or on the website or other electronic forms of media.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph and/or videos.

I hereby agree to release, defend, and hold harmless of Traditional T'ai Chi Health Preservation Foundation and Traditional Chinese Medicine of New York and its subordinates, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper or via electronic media, from and against any claims, damages or liability arising from or related to the use of the photographs and/or videos, including but not limited to any misuse, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction or production of the finished product, its publication or distribution.

Please check the paragraph below which is applicable to your situation:

____ I am 18 years of age or older and I am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

____ I am the parent or legal guardian of the below named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding this release by submitting those questions in writing prior to signing, and I agree that my failure to do so will be interpreted as a free and knowledgeable acceptance of the terms of this release.

By providing my signature below, I hereby agree and accept the terms and condition set Traditional T'ai Chi Health Preservation Foundation and Traditional Medicine of New York:

Print Name: _____

Signature & Date _____

Meaning of Apprenticeship

Following the traditional custom in Traditional Chinese Medicine and Chinese Martial Arts, Dr. Jiliang Liu is accepting formal students who request to become his apprentice of his teaching.

The acceptance of an apprentice is a very formal event in the culture of Traditional Chinese Medicine and Chinese Martial Art. Dedicated students must undergo a series of tests to prove their worthiness, loyalty and dedication.

The purpose of this custom is to forge a special bond between Sifu and his apprentices. There is a saying in Chinese that in order for the transfer of knowledge to occur, there needs to be a strong commitment displayed by the student who seeks knowledge and a strong commitment from the teacher to pass on the knowledge. The Bai Shi ceremony is a sacred practice that binds these commitments; it provides an intangible force uniting the teacher and the student. After the Bai Shi ceremony, the apprentices become more than just a student but they are considered to be part of the family. This enables the Shifu to fully guide his apprentices in their development and for Sifu to pass on his unique experiences and his knowledge that is revealed only to apprentices. The purpose of the Bai Shi process gives Shifu a chance to better get to know you and thus, devise a specific training plan that is in tune with your physical, emotional and spiritual needs. This bond also allows Shifu to open and free your mind so you can be readily receptive to positive Chi and the essence of the knowledge that are intangible.

To become an apprentice, the student must undergo two stages of initiation. The first stage of the initiation must have the following declaration:

The authentic intention to become an apprentice

Respect and reverence for the heaven, earth and nature.

Respect and reverence for parents and family.

Respect and reverence for Shifu.

Commitment to fellow apprentices through mutual love, protection, learning and honor.

Willingness to pay tuition to Shifu Jiliang Liu. The amount of tuition should be self-determined but should be no less than \$300 a month.

Safeguard the secrets of our system at all cost.

Willingness to pass on the knowledge of Shifu's teaching to future generations upon completion of studies with Sifu and obtaining his commendation of suitability and readiness to teach.

Willingness to invite others into our system but refrain from revealing the secrets of our family to outsiders until they are deemed worthy and become an apprentice to our family.

The first stage of the initiation will last until Sifu sees that a certain maturity is displayed by the apprentice. When Shifu decides that the time has come, the student will move on to the second stage of the initiation. The Bai Shi ceremony will be held to officially recognize the student as an apprentice.

Dr. Jiliang Liu

How to find a suitable Teacher

In Chinese, there is a distinction to the phrase great teacher “Ming Shi.” On the literal level, a great teacher is a well-known and well respected teacher who has achieved a certain level of acclamation. However, there is also a different meaning hidden in plain sight. The Chinese word “Ming,” also means illumination and clarity in understanding. Thus, a great teacher should both be well known, well respected and also has a highly enlightened understanding of the intricacies of *the subject of* his knowledge.

When looking for a great T'ai Chi teacher, one needs to assess the teacher's lineage, his physical complexion, as well as his understanding of the various scientific and philosophical thoughts that are infused with T'ai Chi. A great teacher must have first learned the intricacies of T'ai Chi from his master, then practice and apply this knowledge to himself through countless hours of training. More importantly, a great teacher must also attain a higher revelation and further refinement of the knowledge that was taught by his teacher. Only has he master all of the above, can he be considered a great teacher. A great teacher must achieve both physical prowess and spiritual understanding that is in tuned to the heavens and earth.

General Health Survey

	Yes	No
1. Has your doctor ever said you have heart trouble?		
2. Have you ever had pains in your chest?		
3. Do you sometimes feel faint or have spells of dizziness?		
4. Has your doctor ever said your blood pressure is high? If yes, what is your blood pressure? _____ / _____		
5. Has your doctor say you may have bone or joint problems such as arthritis that has been aggravated by exercise or may be made worse with exercise?		
6. Have you been in hospital in the last 3 years?		
7. Are you currently taking any medication that may result in lower and/or higher blood pressure, dizziness or any significant side effects? If Yes, which medications? _____		
8. Are you Pre/Post Natal?		
9. Do you suffer from asthma or breathing difficulties?		
10. Have you suffered from diabetes or epilepsy?		
11. Do you suffer from any allergy?		
12. Do you wear contact lenses?		

If you have answered yes to one or more of the questions above or are in any doubt, please consult your doctor before increasing your current physical activity and ask your doctor if T'ai Chi is suitable for your present physical health.

Declaration of Acceptance to T'ai Chi Training

1. I accept that no class can offer a complete guarantee of safety and that there are risks involved to T'ai Chi training.
2. If I am injured I will notify the instructor immediately and will not participate in any exercises.
3. I will at all times conduct myself with due regard to the health and safety of myself and others.
5. I accept if I act in any intentionally negligent way then I may be removed from the class.
6. I will bring the Instructors attention to anything that I feel is a risk to any person. I expect such information to be treated with due regard to privacy and in a confidential manner.

Signature of Member: _____

Date: _____

Signature of Instructor: _____

Date: _____