



New Student Information Form

www.yogacentermpls.com

612.436.4700

Student ID # _____

____ Entered By - Initials _____

____ Needs to be Entered

For Office Use Only

Contact Information:

Name: _____ Date: _____

Phone: (H) (____) _____ (W) (____) _____ M | F (circle one)

Email Address: _____ Date of Birth: ____ / ____ / ____

Address: _____

City: _____ State: ____ Zip: _____

In Case of Emergency:

Primary Doctor: _____ Phone: _____

Emergency Contact & Phone: _____

How Did You Hear About Us?:

___ A friend - Who? _____ ___ From our brochure ___ Internet ___ Drive by

___ Saw ad in: _____ ___ Other: _____

Personal Information:

Have you ever practiced yoga before? If so, please describe: _____

Please list any injuries, surgeries, illnesses, or other conditions our instructors should be aware of: _____

Are you pregnant? Y | N If so, when are you due?: _____

To help us better serve you, please describe below what you hope to gain from practicing yoga: _____

Some instructors use hands-on adjustments in class. If you do not want any adjustments or have certain areas of your body you do not want touched, please indicate this here: _____

I would like to be notified via email for the following (check all that apply):

___ When I am close to using up my passes, or my expiration date is near.

___ Online or telephone purchase confirmation

___ YCM event newsletter

____ I release any liability to the Yoga Center, LLC for use of any photos of me for use in any marketing materials, website, or in any other manner.
(initial)

____ I understand that the yoga class packages are **nonrefundable** and **nontransferable** unless otherwise stated.
(initial)

____ I release the Yoga Center, LLC., and its owners, employees, and agents, and will hold them harmless from any and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in any class or program or activity sponsored by the Yoga Center, LLC. I hereby declare myself physically and mentally sound and capable of participation in those activities, programs, and classes.
(initial)

Signature: _____ Date: _____