

NEW STUDENT FORM



Name: _____ Phone: _____

Email Address: _____ Date of Birth: _____

I do not wish to be added to the YCM electronic mailing list for updates on events, classes & workshops.

Address: _____

City: _____ State: _____ Zip: _____

HOW DID YOU HEAR ABOUT US: Another Client _____ Drive by / Walk-in / Social Media
 Flyer Google Search Newspaper Mindbody Other _____

HEALTH: By signing this form, you attest that you have a doctor's permission to exercise. Please list any current illnesses, surgeries, or injuries here, and notify your teacher about any conditions before each class you attend.

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

REFUNDS: I understand that the yoga class packages are nonrefundable and nontransferable unless otherwise stated.

LIABILITY: 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.

SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN SIGNATURE: (If under 18) _____ **ENTERED INTO MBO**

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