

HEAL YOGA

Student Registration Form

Full Name			
Address			
Email Address			
Phone (H)		Phone (C)	

Age		Date Of Birth	
Occupation		Sports	
Yoga Experience			

Referred By	
Why are you interested in attending yoga classes? What would you like to learn?	

Please note that fees are payable monthly in advance. In the event that sessions are missed, they may be made up by arranging another session in the same month. Fees are not transferrable to the following month. Absenteeism is not deductible.

I agree to take full responsibility for not exceeding my limits in the practice of yoga and for any injury or discomfort I might experience. I hereby accept that I do not and will not hold Dr. Virginia Russell or any of her staff liable for any injury or accident to my person and / or theft, damage, or loss of my property for whatever reason.

Client Signature: _____ Date: _____