

NEW STUDENT FORM

Name: _____

Date of Birth: _____

Email: _____

Phone: _____

Address: _____

EMERGENCY CONTACT

Name: _____ Phone: _____ Relationship: _____

How did you hear about us? _____

HEALTH: By signing this form, I attest that I have a doctor's permission to exercise.

REFUNDS: I understand that classes are nonrefundable and nontransferable unless otherwise stated.

PERSONAL BELONGINGS: I understand that I am responsible for the safekeeping of my belongings while I attend class.

LIABILITY: I release The Yoga Center Retreat 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, program or activity sponsored by The Yoga Center Retreat. I hereby declare myself physically and mentally sound and capable of participation in those activities, programs and classes.

Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

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

YCR STAFF

Entered in MBO