

Yoga Registration Form

@ Home Studio* Fall 2011

Personal Information:

Name:	Birth Date:	
Address:	Email:	
Home Phone:	Work Phone:	Cell:
Emergency Contact:	Contact Phone:	

Firdays – 9:05-10:05 am

Sept. 16th to Dec. 16th - no class 11/25

___ \$169 / 13 weeks

___ \$149 / 10-Class Package, during this session only

___ \$17 / individual session

Please make checks payable to: Moj Razmi

Guidelines:

- Wear comfortable fitting clothing that doesn't restrict but allows inverting.
- Be prepared to practice in bare feet.
- Bring either a yoga mat or a blanket/towel
- Never practice immediately after eating.
- Remove glasses (if convenient), wristwatch, or any other jewelry that might interfere with poses.

Terms & Conditions:

- Consult your physician before beginning this yoga program. If you have any health, medical concerns, or feel any pain or discomfort in the poses during or after the yoga practices, seek the advice of your physician before resuming further practice.
- You represent that you are in good physical condition and have no medical reason, impairment or disability that prevent you from practicing Yoga.
- Ladies who are menstruating should avoid strenuous practice and inverted poses.
- The practice of yoga naturally involve the risk of injury to you, whether you or someone else cause it. As such, you understand and voluntarily accept this risk and agree that your trainer and/or the facility will not be liable for any injury, including without limitation, personal, bodily or mental injury, economic loss or any damage to you.

You hereby affirm that you have read and fully understand the above guidelines.

Student's Signature:	Date Signed:
Parent's Signature:	Date Signed:

Please complete & sign a hard copy of this form, then bring it with your payment to the Class.

* venue may change