

NEW STUDENT FORM

PLEASE TAKE A MOMENT TO COMPLETELY FILL OUT THIS FORM - **thank you!**

(Please read!) Release of Liability: In signing below I agree that YOGA MANDALA yoga studio is in no way responsible for the safekeeping of my personal belongings while I attend class. I agree to consult with my physician with respect to any past or present illness, injury or any other preexisting conditions of any type whatsoever that may affect my participation in this class. I also agree to inform each instructor to any preexisting condition(s) prior to participation in any class. I have discussed any special problems with my doctor or health provider thoroughly. I also agree that neither my legal representatives nor I will sue or make any other claims of any kind whatsoever against Yoga Mandala or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Signature _____ **Date:** _____

NAME & ADDRESS (PLEASE PRINT LEGIBLY!)

Last name _____

First name _____

Address _____

City _____ State _____ Zip _____

* May we send you notices about events, specials, etc.? YES NO

PARENT PHONE NUMBERS

Work Ph. (____) _____ Ext. _____

Home Ph. (____) _____

Cell Ph. (____) _____

Fax (____) _____

OTHER INFORMATION

Date of Birth (optional) ____/____/____

Email address _____ (very important!)

* May we send you email notices about events, specials, etc.? YES NO

EMERGENCY CONTACT

Name _____ Phone # (____) _____ Relationship _____

INTERESTS (check all that apply)

- | | | | | |
|-------------------------------------|--|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Yoga | <input type="checkbox"/> Children's yoga | <input type="checkbox"/> Special events | <input type="checkbox"/> Strength | <input type="checkbox"/> Breathing |
| <input type="checkbox"/> Meditation | <input type="checkbox"/> Pre/Post natal | <input type="checkbox"/> Chronic disease | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Therapy |
| <input type="checkbox"/> Chanting | <input type="checkbox"/> Back clinic | <input type="checkbox"/> Weight loss | <input type="checkbox"/> Endurance | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Retreat | <input type="checkbox"/> Stress relief | <input type="checkbox"/> Holistic health | <input type="checkbox"/> Fitness | <input type="checkbox"/> SPECIFY: |