

# YOGA YOGA *New Student Registration*

Id #  (FOR OFFICE USE ONLY)

**Last Name**

**First Name**  **Middle**

**Address**  **Apt.**

**City**  **State**  **Zip**

**Email**

Phone(s) \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

<p><b>What is your yoga background?</b></p> <p><input type="checkbox"/> None – this is my first experience</p> <p><input type="checkbox"/> I've practiced with a video at home</p> <p><input type="checkbox"/> I've practiced at another studio (please tell us where): _____</p> <p><input type="checkbox"/> I've taken one or two classes</p> <p><input type="checkbox"/> I'm an experienced yoga practitioner</p> <p><input type="checkbox"/> I'm a yoga teacher. Level: _____</p> <p><input type="checkbox"/> Other: _____</p>	<p><b>What do you want to gain from practicing yoga?</b> (check all that apply)</p> <p><input type="checkbox"/> Reduced stress</p> <p><input type="checkbox"/> Strength and flexibility</p> <p><input type="checkbox"/> Focus and concentration</p> <p><input type="checkbox"/> Recovery from injury</p> <p><input type="checkbox"/> Energy and creativity</p> <p><input type="checkbox"/> Connection and awareness</p> <p><input type="checkbox"/> Spiritual practice</p> <p><input type="checkbox"/> Overall health and well-being</p> <p><input type="checkbox"/> Other _____</p>	<p><b>How did you find out about us?</b> (check all that apply)</p> <p><input type="checkbox"/> Website</p> <p><input type="checkbox"/> Yellow Pages</p> <p><input type="checkbox"/> Flyer</p> <p><input type="checkbox"/> Street Sign</p> <p><input type="checkbox"/> Email</p> <p><input type="checkbox"/> Austin Chronicle</p> <p><input type="checkbox"/> Austin–American Statesman</p> <p><input type="checkbox"/> Radio</p> <p><input type="checkbox"/> Austin Fit</p> <p><input type="checkbox"/> Natural Awakenings</p> <p><input type="checkbox"/> Texas Baby and Family life</p> <p><input type="checkbox"/> Mail</p> <p><b>Referred? Please tell us who!</b></p> <p><input type="checkbox"/> Friend: _____</p> <p><input type="checkbox"/> Doctor/Healer: _____</p> <p><input type="checkbox"/> Yoga Teacher: _____</p> <p><input type="checkbox"/> Other: _____</p>
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**Waiver of Liability and Assumption of Risk**  
 The undersigned student (or the parent or legal guardian of the student, if the student is under 18 years of age) acknowledges that the practice of yoga, and the use of Yoga Yoga's facilities and services involves an inherent risk, and hereby assumes all risks incident to such activity. By registering to practice yoga at Yoga Yoga, the student (or parent or guardian) represents that they are in adequate physical condition to practice yoga, based on their own assessment, and are not relying on any representations made by anyone at Yoga Yoga. Student waives any claim or right of action against Yoga Yoga and its officers, shareholders, employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the student or the student's property incurred in connection with and/or as a result of the student's attendance at classes conducted by Yoga Yoga and/or the use of the Yoga Yoga facilities or services.

Signature \_\_\_\_\_ Date \_\_\_\_\_ I am over 18:  Yes  No

If Student is NOT over 18, release MUST be signed by a parent or legal guardian: \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only:**

Class Attended \_\_\_\_\_ PAY AFTER CLASS  PAID  PURCHASED \_\_\_\_\_ WT \_\_\_\_\_

DATE \_\_\_\_\_ PAYMENT METHOD \_\_\_\_\_ INITIAL \_\_\_\_\_ OMSOFT \_\_\_\_\_