



# PERSONALIZED SELF-CARE PROGRAM FOR CHRONIC LOW BACK PAIN

## ENROLLMENT FORM

Date: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Middle: \_\_\_\_\_

Address: \_\_\_\_\_

Apt. \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone (indicate home, work, mobile) Preferred: \_\_\_\_\_

Alternate: \_\_\_\_\_

Email: \_\_\_\_\_

Birthday: \_\_\_\_\_

Male  Female

Are you a new or returning student to Yoga Yoga?  New  Returning

### How did you find out about the back care program?(check all that apply)

Yoga Yoga website

Information obtained at Yoga Yoga

Email from Yoga Yoga

Mail from Yoga Yoga

Other \_\_\_\_\_

Referred? Please tell us who so we can thank them!

Friend: \_\_\_\_\_

Doctor/Healer: \_\_\_\_\_

Yoga Teacher: \_\_\_\_\_

Other: \_\_\_\_\_

### Class Schedule

The group classes meet once a week for 12 weeks.

In addition to group classes, this program includes three private sessions and self-care. The self-care component, which includes developing and implementing a home practice, is an essential part of the program and a key factor in improving your back condition. You are committing to all three aspects of the program when you enroll – weekly group classes, private sessions, and self-care one practice. Should you be unable to attend a weekly group class, you can make up one class with your private session. Additional missed classes would not be made up.

Please return this registration in person or by mail to Jamie at Yoga Yoga Westgate

Yoga Yoga Westgate

4477 South Lamar, Ste. 420

Austin, Texas 78745

phone: (512) 358-1200

fax: (512) 358-7709

For information: [www.yogayoga.com/lowbackprogram](http://www.yogayoga.com/lowbackprogram)

e-mail: [jamie@yogayoga.com](mailto:jamie@yogayoga.com)

## Payment Options

Choose a payment option that best suits your needs. Payment is required at the time of registration. A non-refundable registration fee is included in the cost of the program.

- Single Payment Option:** \$895 for the entire program
- Multiple Payment Option:** Deposit of \$300 and 2 monthly automatic bill payments of \$300.00 (\$900 total). Provide credit card information below for automatic bill payment.

### PAYMENT

Check # \_\_\_\_\_  Cash (In Person Only)  Visa  MC  Amex  Discover

Please attach receipt.

\$

TOTAL RECEIVED

\$

AMOUNT DUE

Please fill in credit card information, if applicable.

<b>Name on Card</b>	<b>Signature</b>		
<b>Billing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Card Number</b>	<b>Expiration Date</b>		

## Authorization for Automatic Bill Payment

I authorize Yoga Yoga to charge \$ \_\_\_\_\_ / month on the \_\_\_\_\_ day of \_\_\_\_\_ and \_\_\_\_\_. This charge will be made from the account identified above. I have the right to stop the charge by notifying Yoga Yoga at least seven (7) business days prior to the first date of the program. My authorization will remain in effect until revoked by me, my financial institution, or Yoga Yoga. I understand that if I revoke the authorization for the credit card payment, I will not be enrolled in the program.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Please read and sign before returning registration.

Print Name: \_\_\_\_\_

**Refund Policy** – Participants will receive a full refund, minus a \$50 non-refundable registration fee, if he/she cancels the enrollment agreement, in writing, prior to the program start date. After the program has started, participants will receive credit toward a future session of the program or studio credit for yoga, minus the \$50 non-refundable registration fee and any portion of the program that was attended.

Please understand that you are enrolled in the back care program on a provisional basis until your first private session. At that time your back care specialist will determine the appropriateness of the program for your specific condition. In most cases, advancing in the program is the next step. However if your back care specialist determines this program is not a good fit for you, you will receive a full refund.

**Waiver of Liability** - The undersigned by signing this agreement indicates that s/he understands the risks inherent in practicing Yoga and hereby assumes all risks incident to such activity and waives any claim or right of action against Yoga Yoga and it's officers, shareholders, employees and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the undersigned or the undersigned's property incurred in connection with and/or as a result of the undersigned's attendance at classes conducted by Yoga Yoga and/or use of the Yoga Yoga facilities.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE					
YY REG FORM/ID	PHH FORM	EVAL	PRIVATE SESSION	COPY SCHEDULE	PAYMENT REC
OM SOFT ID	ENROLLED IN PROGRAM	PRIVATE SESSION ENTERED	PAYMENT PROCESSED	ABP ENTERED	
DATE PROCESSED	STAFF INITIALS	CONFIRMATION SENT			

For assistance contact: Jamie  
 phone: (512) 358-1200  
 e-mail: jamie@yogayoga.com  
 www.yogayoga.com/lowbackprogram