

Registration Information and Agreement

Name: _____ Birthdate: _____ Sex: ___M___F
Address: _____

Phone: Home: _____ Work: _____ Cel: _____
E Mail: _____

New Student _____ Continuing Student _____
Class I would like to enroll in: Session starting Date _____
First choice _____ Second Choice _____
Amount Paid Cash\$ _____ Check No _____ Other: _____

What specific physical, emotional or spiritual desires or concerns do you hope a yoga practice will address:

___pain relief ___flexibility ___breathing ___meditation
___relaxation ___strength ___depression ___other(explain below)
___recovery ___emotional ___spiritual development

Please list any physical or medical conditions that might limit your participation in physical exercise.

Have you taken yoga classes before? Where and for how long?

Do you have any questions for your instructor before beginning?

AGREEMENT

I do hereby certify that the above information is true and complete to the best of my knowledge. I fully understand that this class is educational, and that I am solely responsible for my health, safety and well being while participating. I agree I will inform my instructor of any activity which I cannot safely perform, and that I will not perform any activity which I feel is likely to cause me to injure myself. I agree to hold Susan and John Twiggs, or any other instructors of The Karuna Yoga Studio, a business of Beyond Conflict LLC harmless from any and all responsibility for any injury, which I may sustain during or as a result of my yoga classes.

Signature _____

Date: _____

Please turn over this sheet

Please help me by providing valuable information.

1. Where did you hear about the Karuna Yoga Studio?

I am a continuing student

- From a friend Please list who referred you _____
- Church bulletin
List church _____
- Email notice
- Community presentation
List where _____
- Referral by health professional
List who _____
- Notice at another business
List where _____
- Press Release, radio broadcast
List where _____
- Paid Advertising
List where _____
- Website
- Other (Please explain)

2. What factor(s) helped you to decide to take this class?

(Rank if more than one)

- Interested in the subject
- Convenient location
- My friends and family are doing it
- Previous contact with teachers
- Relief from physical pain
- Stress management
- Referred by health professional
- Other(Please explain)

I am interested in presenting the benefits of yoga to community groups. Do you belong to a group that would be interested? Name and number of contact.

Comments and suggestions:

Office use only

Prepayment or deposit is required in order to reserve an opening. Send completed form and payment to: Sue Twiggs, The Karuna Yoga Studio, 9977 W Mc Millan St. Marshfield, WI 54449 Questions?

www.karunayogastudio.com
715-387-6105

Thank you

Session	2008	2009	2010	2011	2012
Winter 1					
Spring 1					
Spring 2					
Summer					
Fall 1					
Fall 2					