

Registration Information and Agreement

Name: _____ Birthdate: _____ Sex: ___M___F

Address: _____

Phone: Home: _____ Work: _____ Cel: _____

E Mail: _____

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)
 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
- 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 factors(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

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

Thank you