



# New Student Information Form

www.yogacentermpls.com

612.436.4700

Student ID # \_\_\_\_\_

\_\_\_\_ Entered By - Initials \_\_\_\_\_

\_\_\_\_ Needs to be Entered

**For Office Use Only**

### Contact Information:

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

Phone: (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ M | F (circle one)

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

### In Case of Emergency:

Primary Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact & Phone: \_\_\_\_\_

### How Did You Hear About Us?:

A friend - Who? \_\_\_\_\_  Internet site: \_\_\_\_\_

Saw ad in: \_\_\_\_\_  Other: \_\_\_\_\_

### Personal Information:

How much yoga experience do you have? \_\_\_\_\_

Please list any injuries, surgeries, illnesses, or other conditions your instructor should be aware of:

\_\_\_\_\_

Are you pregnant (If yes, when are you due)? \_\_\_\_\_

To help us best serve you, please describe what you hope to gain from practicing yoga: \_\_\_\_\_

\_\_\_\_\_

**Some instructors use hands-on adjustments in class. If you have injuries or do not want adjustments (or specific areas touched), please notify your instructor before class.**

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\_\_\_\_\_  
(initial) **NEWSLETTER:** I would like to receive the YCM email newsletter (discounts, updates on workshops & events)

\_\_\_\_\_  
(initial) **REFUNDS:** I understand that the yoga class packages and workshops are **nonrefundable** and **nontransferable** unless otherwise stated.

\_\_\_\_\_  
(initial) **LIABILITY:** I release the Yoga Center, LLC., and its owners, employees, and agents, and will hold them harmless from any and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in any class or program or activity sponsored by the Yoga Center, LLC. I hereby declare myself physically and mentally sound and capable of participation in those activities, programs, and classes.

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