



Registration
For participation in yoga classes

Surname: _____
Please Print

Please fill in each item neatly and clearly, giving thought to your words. Thank you.

Surname: _____ Date: _____

First Name: _____ Middle Name or Initial: _____

Home Address: _____

Town or City: _____

Postcode: _____

Work Phone: _____ Home Phone: _____

Date of Birth: _____ E-mail address: _____

Occupation: _____

Emergency Contact:

Name: _____ Phone: _____ Relationship: _____

List all present physical and mental problems and brief synopsis of past problems (indicate diagnosis by health care professionals and your symptoms. The teacher needs to know what you are experiencing.) Continue on back if necessary.

Why do you wish to start or continue the practise of yoga? Continue on back if necessary.

Have you practised yoga before? _____ How long? _____ Which style? _____

Name of teacher _____ Town or City _____

Please read the following AGREEMENT OF RELEASE and WAIVER OF LIABILITY carefully before signing

- I understand and acknowledge the fact that in yoga, as in other forms of exercise, sports, bodywork or self-development, there exist certain inherent risks. I voluntarily participate in the yoga instruction or other programs provided by Drew Stallcop and agree to assume full responsibility for all risks, injuries, or damages, known or unknown, which I might incur as a result of participating in the yoga program or other programs offered by Drew Stallcop
- I understand that it is my responsibility to consult with my health care practitioner prior to and regarding my participation in yoga classes, workshops or other programs offered by Drew Stallcop. By signing below, I release Drew Stallcop, as well as his agents, tenants, managers, employees, other students and guest or substitute instructors from liability, and hold them harmless for any injury to my person, and damage or loss to my property incurred while participating in classes offered by Drew Stallcop, whether in or out of class, by negligence or otherwise.
- I know that yoga requires alignment of the body and that yoga teachers often adjust students to help them get the poses more accurately. By signing below I consent to such touch and adjustment. If I do not wish to be touched, I will clarify that fact in a signed writing and hand it to every teacher whose classes I attend, prior to commencement of class.
- I realise that just as students choose their teachers, teachers choose their students, and that Drew Stallcop may choose not to accept me as a student, and I agree to abide by the teacher's choice in the matter.
- **I have read, understood and agreed to the refund policy on the back of this registration form**

Signed _____ Date _____

First Name: _____

