



ॐ Registrastion Form ॐ

(Please PRINT this form and after filling up bring along with you at your 1st yoga class)

COURSE LOCATION: _____ START DATE: _____

PERSONAL INFORMATION:

NAME (ENGLISH/CHINESE): _____ DATE OF BIRTH: _____

ADDRESS: _____

PHONE (H): _____ PHONE (W): _____ FAX: _____

WEB: _____ E-MAIL: _____

OCCUPATION: _____ MARITAL STATUS: _____ CHILDREN: _____

EDUCATION/SKILLS: _____ LANGUAGE(S): _____

MEDICAL HISTORY/ILLNESSES (IF ANY): _____

PRESCRIBED MEDICATION: _____

HOW DID YOU KNOW ABOUT US? _____

EMERGENCY CONTACT: _____

NAME: _____ PHONE: _____ RELATIONSHIP: _____

PAYMENT INFORMATION TO "Singh Sachendra B" - OFFICE USE ONLY

AMOUNT: _____ DATE: _____ RECEIPT NO: _____ PAID AT: _____

CHEQUE (NO.): (_____) CASH: MONEY TRANSFER (DETAILS): (_____)

MEMBER NO.: _____

AGREEMENT OF RELEASE & LIABILITY WAIVER:

I VOLUNTARILY ACCEPT THE INJURY RISK AND AGREE TO AND HEREBY RELEASE LIFEDYNAMICS & ITS EMPLOYEE/S FROM ANY LIABILITY FOR ILLNESS, INJURY, DAMAGE OR DEATH TO OR LOSS OF PROPERTY WHILE PRACTICING YOGA AT THE YOGA STUDIO/PREMISES. I HEREBY AGREE THAT MY PARTICIPATION IS ENTIRELY AT MY OWN RISK.

SIGNED: _____ DATED: _____

||OM TAT SAT||

"WITH UNDEVIATING DETERMINATION & FAITH TO PRACTICE WITHOUT ATTACHMENT TO ITS FRUITIVE RESULT IS TRUE WISDOM. YOGA SHOWS THE WAY"