



REGISTRATION FORM for Kripalu Hatha Yoga Classes Dana Ruch, Studio Avigal



Full Name:.....
 Occupation:.....
 Date of birth:
 Full Address :

 Home phone:.....Mobile :.....
 E-mail :.....

Motivations for doing yoga? Have you practiced yoga before ?.....

What are your (physical, mental) health concerns?.....

Do you have any medical conditions, or (past) injuries: (do you smoke ?)

Other physical activities?

This information is confidential and helps me to have a better understanding of each participant. Your questions, feedback and suggestions are welcome.

Day and Time of class:.....

Full trimester course:	CHF. 24- per class (x weeks in session)
5 class card : CHF 135.- (valid 1 trimester)	CHF. 30- single class

Payment is due, in cash, at the beginning of each trimester period. Missed classes can be made up in the same trimester.

Unless otherwise informed, registration is automatically carried over to the next trimester.

I.....(print name) understand that yoga includes physical movement as well as relaxation and the risk of injury cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to and respect my body, adjust the posture and ask for support from the teacher. Yoga is no substitute for medical attention, examination, diagnosis or treatment. Yoga is not safe or recommended under certain medical conditions. I affirm that I alone am responsible to decide whether or not to practice yoga. I hereby irrevocably release and waive any claims that I now or hereafter may have against Dana Ruch, Avigal Yoga.

Signature of student :..... Date:.....

Thank you,
 Dana Ruch, Studio Avigal