

# NEW STUDENT REGISTRATION



Cnr of Seddon  
& Norton Rds  
Above United Video  
PO Box 849  
Hamilton, N.Z.  
P/F (07) 846 7600

Name: .....

Address: ..... Postcode .....

Phone (day): ..... After Hours: ..... Fax: .....

Mobile: ..... Email: .....

Age Group: (Please circle) U16 20 25 30 35 40 45 50 55 60 65 70+

Occupation: .....

How did you find out about us? .....

Have you come with family/friend? Name: .....

Do you have any children? Y N

Any experience in:

- Meditation  .....
- Martial Arts  .....
- Dance  .....
- Fitness  .....
- Sport  .....
- Yoga  .....

How Often: .....

Where: .....

Teacher: .....

.....  
.....

Any Specific Injuries: .....

.....  
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.....  
.....  
.....

Health Conditions: .....

.....  
.....  
.....

Medications: .....

.....

### Beginners Course Booking

No casual attendance to Beginners Courses

**Start Details:**

Date: .....

Day: .....

Time: .....

Receiving payment confirms your booking.

**Fees:** BEGINNERS COURSE /

8 class card

Method: Eftpos

Cash

Cheque  → Cheques to: IYCH, PO BOX 849, HAMILTON.

Internet Banking  Booking by internet banking with BC and start date of the Beginners Course you wish to attend as the reference **and** your initials or name.  
National Bank 06 0317 0676893 00

Email this completed form if possible.

- 8 Class card must be used by expiry date
- Class cards are non-refundable and non-transferable.
- Children under 12 years old may not attend.
- It is the students responsibility to inform the teacher of any medical conditions before class.
- I acknowledge that it is the teacher's role to encourage me to challenge myself and I take responsibility for my actions within the Yoga Centre.

Signed: **X** .....

Date: .....