

# NEW STUDENT REGISTRATION




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

Name: .....

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

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

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: .....

.....

.....

.....

Health Conditions: .....

.....

.....

.....

Medications: .....

.....

## Beginners Course Booking

No casual attendance to Beginners Courses

Start Details:

Date: .....

Day: .....

Time: .....

Receiving payment confirms your booking.

## Fees:

8 class card

BEGINNERS COURSE /
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Method: Eftpos

Cash

Internet

Paypal

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: .....