

## Membership Application Form



Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

NIC: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Medical Conditions (if applicable):

Have you done yoga before? If yes, for how long?

Do you practice any other physical activity? Kindly mention the nature of your activity.

### Type of Membership:

- Monthly membership (once a week)
- Monthly membership (twice a week)
- Children's Yoga Class
- Private Class

### For Children's yoga only

Name of Child / Children: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Medical Conditions (if applicable):

### Contact in case of emergency

Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

## Disclaimer / Waiver:

If at any time during the class you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important in Yoga that you listen to your body and respect its limits on any given day.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program, including yoga. I recognize that it is my responsibility to notify my teacher of any serious injury or illness before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the teacher, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

**Payment Terms:** Payment is due by the first of the month for monthly memberships and private classes. The signatory understands that the payment is non-refundable in case of cancellation or absence.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

## Parent/Guardian

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

