



NEW STUDENT
(Confidential)

NAME: _____ DATE: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK/CELLPHONE: _____

EMAIL ADDRESS: _____ Date of Birth _____

EMERGENCY CONTACT w/phone number:

Please list any relevant medical or physical conditions, including chronic or previous injuries – use another sheet if necessary

Have you practiced yoga before? Please describe.

What do you hope to gain from practicing yoga?

Do I have your permission to add you to my mailing list and keep you updated on future classes and workshops? Yes _____ No _____

How did you hear about Good Life Yoga? _____

_____ (initial)

I release Good Life Yoga, LLC and its owners, employees and agents, and will hold them harmless from any and all liability arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in any class or program or activity sponsored by Good Life Yoga, LLC. I hereby declare myself physically and mentally sound and capable of participation in those activities, programs and classes.

Signature _____ Date _____