



YOGA REGISTRATION FORM

CONTACT INFORMATION:

First name: _____ Last name: _____
Address: _____
City: _____ Province: _____ Postal code: _____
Home phone: _____ Office phone: _____
E-mail: _____

REGISTERING FOR:

Class name / package: _____
Session start date (for pre-registered classes only): _____

ABILITY TO PARTICIPATE FULLY:

Have you ever practiced yoga before? YES NO If yes, what style? _____
Do you have physical ailments, limitations, or injuries that your instructor should know about? YES NO
If yes, please specify: _____

LIABILITY WAIVER:

- I acknowledge that yoga is an activity with risks inherent in it and, in signing this waiver form, I accept those risks and any consequences resulting from them.
- I agree that neither I, my heirs, assigns, or legal representatives will sue or make any other claims of any kind whatsoever against Elation Centre Ltd. or its members for any personal injury or property damage or loss, whether caused by negligence or otherwise.
- I have spoken to my doctor or health professional about any and all physical ailments, limitations, and injuries and am aware of my limitations.
- I will inform my yoga teacher(s) of any changes in physical ailments, limitations, and injuries that will impact my yoga practice.

SIGNATURE

DATE

PAYMENT INFORMATION:

- VISA/MASTERCARD: Amount: \$ _____
Card Number: _____ Expiry Date: _____ CVV Code: _____
Name on Card: _____
Signature: _____
- CHEQUE: Amount: \$ _____ Cheque #: _____ Payable to Elation Centre
- CASH: Amount: \$ _____

Please note that the Payment Information section of this form will be destroyed after your payment is processed. Elation Centre does not keep credit card numbers on file.