

Student ID# _____
(office use only)

ParkCityYogaStudio

New Student Registration

Name _____

Address _____

City _____ State _____ Zip _____

Phone (mobile/work) _____ Phone (home) _____

E-mail _____

Class/Classes you are most likely to attend: Hatha Vinyasa Flow Gentle Power Vinyasa
 Power Hour Back Care Restorative Pilates

Please list any past injuries, special health conditions (including pregnancy) or current medications (notify your instructor of any relevant information before class)

What is your Yoga background? _____

What do you want to gain from doing Yoga, what are your intentions? _____

How did you find out about us? _____

Waiver of Liability - *the undersigned by signing this agreement indicates that he/she understands the risks inherent in practicing Yoga and hereby assumes all risks incident to such activity and waives any claim or right of action against Park City Yoga Studio and its officers, shareholders, employees, and agents for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the undersigned of the undersigned's property incurred in connection with and/or as result of the undersigned's attendance at classes or sessions conducted by Park City Yoga Studio and/or the use of Park City Yoga Studio's facilities.*

Signature _____ Date _____

Yoga Kids Waiver of Liability - *By enrolling my child in classes at my child in classes at Park City Yoga Studio, I hereby assume all responsibility for injuries that may occur. I am aware that there is a risk of injury due to the inherent nature of activity.*

Signature _____ Date _____

For Office Use Only:
Class Attended _____ Date/Time _____

Cash Check Credit/Debit
 Drop-in Class Pass _____ Unlimited Pass _____ Other _____

Referral _____