

Registration Form



**BIKRAM
YOGA
PENINSULA**

Your Details

► **First Name:** _____ ► **Surname:** _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Contact No. D.O.B. _____

► **e-mail:** _____

Please tick the box if you do not wish to be contacted. It won't be more than once a month.

Medical Conditions/Injuries/Allergies: _____

TICK: IF YOU ARE PREGNANT OR BREASTFEEDING IF YOU GAVE BIRTH IN THE PAST 6 MONTHS

Emergency Contact:

First Name: _____ Surname: _____

Contact No.

How Did You Find Us?

Sign Flyer Friend does yoga here Heard about Bikram/Searched internet

Have you done Bikram Yoga before?

No Yes, at studio(s): _____

When enrolling as a student of Bikram Yoga Peninsula, I represent and agree to the following:

- I acknowledge that I am participating in the yoga classes or workshops offered by Bikram Yoga Peninsula during which I will receive information and instruction about hatha yoga and related subjects. I recognise that yoga requires physical exertion, which may be strenuous, and I am fully aware of the hazards and risks involved.
- I have been examined by a qualified medical practitioner within the past six months and have been found by such practitioner to be in good physical health and physically able to perform all yoga exercises upon which I will be instructed.
- I will follow all instructions given to me by all the instructors as to when, where and how to perform and not to perform the yoga exercises/postures, and I acknowledge that any failure by me to follow such instructions shall be at my own risk and may cause injury.
- I understand that the registration and/or tuition paid are non-refundable and non-transferable.

Signature: _____ Date: _____

Parent or Guardian to sign if enrollee is aged under 16

Bikram Yoga Peninsula, 2 Satu Way, 175 Mornington Tyabb Rd, Mornington, VIC 3931

STUDIO USE ONLY		Date: _____	Time: _____	Total: \$ _____
30-Day Intro Pass <input type="checkbox"/>	Casual <input type="checkbox"/>	Casual Concession <input type="checkbox"/>	Cash <input type="checkbox"/>	CC <input type="checkbox"/>
Mat <input type="checkbox"/>	Towel <input type="checkbox"/>	Coco Water <input type="checkbox"/>	Water <input type="checkbox"/>	EFT <input type="checkbox"/>
				GC <input type="checkbox"/>
				► Quick Entered <input type="checkbox"/>