



New Student Form	
Date:	
Student Name:	
Date of Birth:	

Contact Information	Emergency Contact Information
E-mail address:	Name:
Phone:	Phone:
Street:	Relationship:
City/State/Zip:	

How did you hear about Boerne Yoga Center?

<input type="checkbox"/> Drove by/saw sign	<input type="checkbox"/> E-mail
<input type="checkbox"/> Facebook	<input type="checkbox"/> Print Ad
<input type="checkbox"/> Referred by a friend	<input type="checkbox"/> Other (please explain)

Describe your past experience with Yoga

<input type="checkbox"/> I've never done yoga
<input type="checkbox"/> I have practiced yoga occasionally
<input type="checkbox"/> I have a regular yoga practice
<input type="checkbox"/> I am a yoga instructor

What times are best for you to attend yoga class? (check all that apply)

<input type="checkbox"/> Weekday early morning (before work)	<input type="checkbox"/> Saturday morning
<input type="checkbox"/> Weekday mid-morning	<input type="checkbox"/> Saturday afternoon
<input type="checkbox"/> Weekday lunch hour	<input type="checkbox"/> Sunday morning
<input type="checkbox"/> Weekday early evening (right after work)	<input type="checkbox"/> Sunday afternoon
<input type="checkbox"/> Weekday late evening (7:00ish)	<input type="checkbox"/> Sunday evening

How many classes per week do you hope to attend?

<input type="checkbox"/> 1 class/week
<input type="checkbox"/> 2-3 classes/week
<input type="checkbox"/> 4 or more classes/week

Do you have any injuries or physical limitations we should know about?

<input type="checkbox"/> Yes	If Yes (please explain)
<input type="checkbox"/> No	

What benefits do you hope to gain from practicing yoga?

Other interests/passions:



Acknowledgement and Acceptance of Risk and Responsibility

In consideration of being allowed to participate in Boerne Yoga Center yoga classes, the undersigned acknowledges, appreciates and agrees that: There are risks inherent in the nature of yoga instruction and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If I observe any unusual significant hazard during my participation, I will bring such to the instructor's attention immediately and/or remove myself from participation. _____ Initial

In case of injury or damages, I do hereby release and hold harmless Boerne Yoga Center, its elected and appointed officials and employees, the organizers, sponsor, supervisor or any volunteer connected with the program from any and all claims, injuries, damages, or losses in the program. I assume all risks and hazards of the conduct of the program and release from responsibility any person providing transportation to and from activities. In the absence of signature, payment of fees and participation in the program shall constitute acceptance of the conditions set forth in the release. _____ Initial

Release of Liability

I, the person named, being above age eighteen, or Guardian if a minor, acknowledge and accept full responsibility for my participation in yoga instruction through Boerne Yoga Center. My signature indicates that I have read this entire document, understand it completely, and agree to be bound by its terms. I am aware that I am giving up important legal rights I might have. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign of my own free will.

Participant (or Guardian) Signature

Date

