New Student Forn Please take a moment to co		his form - Thank You!	
Last Name:	First Name:		
Street Address:			
Town:		State	e: Zip:
co	NTACT INFORM	ATION - PHONE NUMBEI	RS/EMAIL:
Day:	ext	Evening:	ext:
Cell:	Which method is best for contacting you?		
	out biweekly& m		anges etc.? YES NO erings. We do not sell our lists.
Email:	(very important!)		
OTHER INFORMATION	ON: Your Birthdate:		
Have you practiced y	roga before? YE	ES NO If Yes, Style:	Basic Hatha Ashtanga
lyengar Hot/Bikra	m Multiple (Other:	
Are you a yoga teacher	YES NO	Interested in becoming	g a yoga teacher? YES NO
How did you hear	about us? (circle	all that apply) Friend	Internet Driving by
Oti	ner		
personal belongings whi strenuous and I voluntari property loss or death. I any other claims of any k	that the Yoga Synth le I attend class. I u ly participate in the agree that neither I ind whatsoever aga	inderstand that classes at Yo m with the full knowledge th l, my heirs, assigns or legal i	onsible for the safekeeping of my oga Synthesis may be physically nat there is risk of personal injury, representatives will sue or make members for any personal injury, negligence or otherwise.
Releas * for	se of Liability - Sign students under 18 y	ature* years please have a parent/g	juardian sign
Emergency Contact #		Name/Relationship:	:

Office use only: Student ID Number_____