



**REGISTRATION CARD**

Date: \_\_\_\_\_

Last name: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

E-mail: \_\_\_\_\_

*By providing your e-mail address, you'll receive our monthly newsletter with schedule updates, special promotions, and studio news. You'll also receive occasional account notices, like expiring packages, and a free birthday class. We're all about good karma and promise never to sell your contact info.*

Cell phone: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_ 

Date of Birth: \_\_\_\_\_

Any injuries or medical conditions? \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ 

How did you hear about BYGVNC?

- Referral (Name: \_\_\_\_\_)       Street sign       Studio brochure
- Social site (Facebook, etc.)       Web search results
- Print/newspaper ad (The Union, Briar Patch, etc.)       Other: \_\_\_\_\_

**Prior to enrolling as a student of Bikram Yoga Grass Valley/Nevada City: I have read, understand, and agree to the following, by initialing each point:**

- \_\_\_\_\_ I am over 18 years of age. If not, I will be accompanied by a parent or legal guardian for my first 3 classes.
- \_\_\_\_\_ I am wearing appropriate clothing to do yoga in a heated room.
- \_\_\_\_\_ I know I will be doing yoga in a heated room. If I feel tired or dizzy, or desire to take a break, I will sit down.
- \_\_\_\_\_ I am well-hydrated prior to class. I have eaten regular meals today, but not within 3 hours prior to class. I am not fasting, and if I am hungry, I will drink juice prior to class.
- \_\_\_\_\_ I have not taken recreational drugs or consumed alcoholic beverages today.
- \_\_\_\_\_ I have left my valuables at home and understand BYGVNC is not responsible for theft or loss on studio property.
- \_\_\_\_\_ I have listed all medical conditions and injuries so that BYGVNC teachers may best advise my practice.
- \_\_\_\_\_ I have been examined by a licensed physician within the past 6 months. I have been found to be in good physical health by this physician, and fully able to undertake all yoga exercises I will learn and perform during enrollment.
- \_\_\_\_\_ I will faithfully follow all instructions given to me by BYGVNC instructors as to when, where, and how to perform or not perform yoga exercises. I understand any deviation from instructions is not recommended and is at my own risk.
- \_\_\_\_\_ I will not hold BYGVNC or its instructors or employees responsible for any injuries suffered caused whole or in part by my failure to faithfully follow instructions, or caused by any disclosed or undisclosed physical impairment of mine.
- \_\_\_\_\_ I am to receive instruction in yoga theory and exercises only, and I will not hold BYGVNC, its instructors or employees, to any higher standard of care than that applicable to school of yoga theory and exercises.
- \_\_\_\_\_ I am entitled to a one-time 20% discount off any class card or package (including an annual membership!) if the purchase is made prior to the expiration of my introductory 30-day pass. I understand the tuition paid herewith and such registration fees paid hereafter and non-refundable and non-transferable.
- \_\_\_\_\_ BYGVNC reserves the right to decline admission of any person to its yoga classes when it is determined that such admission may adversely affect the student, the class, or other students. Thank you for your understanding.

\_\_\_\_\_ 

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Must be signed by parent or guardian if student is under 18 years of age.*