

drop-in     free demo     class signup

## REGISTRATION FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please check any medical condition you currently have or have had in the past:

- High Blood Pressure
- Heart Problems
- Back Problems
- Neck Problems
- Other Joint Conditions
- Diabetes
- Hyper/Hypo Thyroid *(please circle one)*
- Asthma
- Depression
- Anxiety
- Bipolar Disorder
- Pregnant, due: \_\_\_\_\_
- Other \_\_\_\_\_

Please explain current management of any condition that has been checked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list medications you are taking.

\_\_\_\_\_  
\_\_\_\_\_

What is your previous yoga experience?

\_\_\_\_\_  
\_\_\_\_\_

What are your goals for this class?

\_\_\_\_\_  
\_\_\_\_\_

I am registering for which level *(check one)*:

- Foundation A
- Foundation B
- Foundation C
- Intermediate A
- Intermediate B

### Please read the following & sign below:

I understand that it is my responsibility to attend the classes for which I have registered and there will be NO REFUND of fees.

I assume complete responsibility for my own health and safety. I fully release the Atma Center, the instructors, and employees of the Atma Center from all liability.

Signature

\_\_\_\_\_

Date

Emergency Contact:

\_\_\_\_\_

Name & Phone

### EMAIL NOTIFICATIONS

We respect your privacy. Please check which emails you wish to receive.

- Atma Center emails
- North American Gurukul emails – a nonprofit, tax-exempt organization dedicated to the growth of **SATYANANDA YOGA**® & the development of the Yoga Academy of North America.