

registration & release form

*** PLEASE PRINT ***

Name: _____

Phone: (____) _____

Address: _____

City: _____

State / Zip: _____

If you're on FaceBook, would you like to connect...?
 Yes
 No

Email (PRINT): _____

Birthday: _____ / _____ / _____
 Female

Occupation: _____
 Male

Major Activities & Hobbies: _____

Referral / Referred By:

- Website / Internet Search
- Friend / Family Member
- Walk or drive by
- Other _____

Emergency Contact:

Name: _____

Phone: _____

Relationship: _____

Injuries / Illness

- I'm healthy & active
- I have no injuries / illness
- I'm pregnant. Due _____

I have the following...
(information is kept confidential)

Is anything bothering you TODAY..?

Yoga Background:

- First Timer (*first-time practicing yoga*)
- Beginner (*have taken a few classes at a studio ... at a gym*)
- Continuing Beginner (*consistent practice for 6 months - or more*)
- Intermediate (*consistent challenging practice for at least 1 year*)
- Advanced (*consistent challenging practice for 2 years - or more*)
- I'm a yoga teacher. *Where.....?* _____
- I'm a studio owner. *Name...?* _____
- Styles of Yoga practiced: _____

What do you hope to gain from your yoga practice today...?

- Exercise, workout
- Stress relief
- Technique
- Spiritual connection
- Introduction to the practice
- All of the above
- I don't know

BY SIGNING BELOW... I agree that FUSION YOGA STUDIO SACRAMENTO, INC. is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes and/or events at FUSION YOGA STUDIO SACRAMENTO, INC. may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against FUSION YOGA STUDIO SACRAMENTO, INC. or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise. I recognize that yoga and other forms of exercise requires physical exertion which may be strenuous and may cause physical injury. I am fully aware of the risks and hazards involved. I understand that it is MY responsibility to consult with a physician prior to and regarding my participation in yoga classes. I represent and warrant that I am physically fit and I have no medical condition which would prevent my full participation in classes. I have carefully read this release, and fully understand and agree to the above.

★ _____
 Signature

 Date

staff use only...

- MindBody Data Entered _____
- Email Entered on FYS website _____
- Front Desk /Checked in by _____
- CASH
- Check
- Credit Card
- Gift Certificate
- 2 Week Promo Offer
- Karma
- Comp / Special Guest
- Intro to Yoga
- Workshop
- Special Event
- Corporate
- Other _____