



# WholeHeart Yoga Center Student Registration and Release Form

Please complete this form before you begin your first class. Thank you!

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell or work) \_\_\_\_\_

Email \_\_\_\_\_ Occupation \_\_\_\_\_

- I would like to receive brochures in the mail.
- I would prefer to check the website and not receive postal mail.  
(You can also subscribe to our email newsletter on the home page of [www.wholeheartyyoga.com](http://www.wholeheartyyoga.com).)

How did you hear about us? \_\_\_\_\_  
i.e. brochure, web, newspaper ad, phonebook, friend (please acknowledge them by name), etc.

*Payment or deposit is needed to hold your place. Please consider yourself registered in your first choice of class unless you hear from us. Call 871-8274 with any questions.*

| <b>Class Choice:</b> | <b>Day</b> | <b>Time</b> | <b>Amount Paid</b> |
|----------------------|------------|-------------|--------------------|
| 1st choice           | _____      | _____       | _____              |
| 2nd choice           | _____      | _____       | _____              |

Please check any problem areas or conditions and elaborate on any issues on the back of this form.

- |                                 |                                    |   |
|---------------------------------|------------------------------------|---|
| <input type="checkbox"/> back   | <input type="checkbox"/> shoulders | <input type="checkbox"/> arthritis                    |
| <input type="checkbox"/> knees  | <input type="checkbox"/> wrists    | <input type="checkbox"/> blood pressure               |
| <input type="checkbox"/> ankles | <input type="checkbox"/> asthma    | <input type="checkbox"/> pregnancy, what month? _____ |
| <input type="checkbox"/> neck   | <input type="checkbox"/> heart     | <input type="checkbox"/> other _____                  |

### Consent and Release Agreement:

I understand that by enrolling in yoga class, it is assumed that I am in reasonably good physical health. Although the instructor will monitor the abilities of the class as a whole and set the pace accordingly, I know that I am ultimately responsible for participating only to the extent that I am able.

I also understand that these classes are non-refundable & non-transferable. In the case of medical emergency, I must inform the office immediately in order to receive any partial refunds or credits.

WholeHeart Yoga Center is a member of a network of yoga studios spiritually affiliated with Kripalu Center for Yoga & Health, Stock-bridge, Mass. This yoga studio, like all Kripalu affiliated yoga studios, is independently owned and operated. Kripalu Center for Yoga & Health is neither responsible nor legally or financially liable for the activities conducted at this studio.

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

Printed Name \_\_\_\_\_

**Please mail this form with your check to:  
WholeHeart Yoga Center, 150 St. John St., Portland, ME 04102**