

Please print, complete and bring to your first yoga class

Yogi ~ Yogini ~ Registration Form

~~~~~ Welcome to Luscious Lotus Yoga! ~~~~~

I am a certified Hatha Yoga instructor and have completed a 200-hour professional level Yoga Teacher Training that is registered with Yoga Alliance. In my yoga classes I provide safe, balanced and therapeutic instruction. I integrate a holistic experience to the class incorporating body, mind, heart and spirit through which you can expect a deeper experience of physical health, vitality, relaxation, enhanced self-awareness and overall well-being.

All exercise programs involve a risk of injury and by choosing to participate in my yoga classes you voluntarily assume a certain risk of injury. To reduce this risk, please be sure to follow these simple guidelines:

Do not force or strain in any of the postures; follow my instructions carefully; listen to your body and respond to its needs at all times; breathe fully, evenly and smoothly throughout each posture; during menstruation woman may need to avoid inversions or deep back bends.; pregnant women must consult their health care provider before enrolling in this class; those with high or low blood pressure or other chronic or serious illness, health condition or injury should consult their health care provider and see me before the class. Please complete and sign this form where indicated. Thank you. Namaste.

|                                                                                                                          |                          |                                  |                  |
|--------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------|------------------|
| Given Name:                                                                                                              |                          | Family Name:                     |                  |
| Email Address:                                                                                                           |                          | Telephone:                       |                  |
| Address:                                                                                                                 |                          | City & Postal Code:              |                  |
| Date of Birth:                                                                                                           | Age:                     | Sex:                             | Male      Female |
| Yoga experience (year(s)):                                                                                               | Yoga Style(s) practised: |                                  |                  |
| How often do you practise yoga?                                                                                          |                          | When did you last practise yoga? |                  |
| Please list any past/present health concerns and/or past/present injuries:                                               |                          |                                  |                  |
|                                                                                                                          |                          |                                  |                  |
|                                                                                                                          |                          |                                  |                  |
| In a few words, please tell me a little about yourself and what you hope to achieve from taking this yoga class/session: |                          |                                  |                  |
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| How did you hear about Luscious Lotus?                                                                                   |                          |                                  |                  |
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| <b>Studio Class/Private Session Fees (please check the one that applies)</b>                                             |                          |                                  |                  |
| \$140 10-week session                                                                                                    | \$16 One time drop-in    | \$60/hr private                  |                  |
| \$240 10-week session 2x/week                                                                                            | Payment received :       | Cash                             | Cheque           |
| Class date or session start date:                                                                                        |                          |                                  |                  |
| <b>X</b>                                                                                                                 |                          |                                  |                  |
| Signature                                                                                                                |                          | Date                             |                  |