INTRO TO YOGA REGISTRATION FORM

Name: _____ Date of Birth:_____

Address:_____

Telephone: _____Cell Phone:_____

Email Address:_____

How did you hear about Motion Center? _____

I would like to register for: **___SESSION A: Tuesdays 5:45-7pm**
September 22, 29, October 6, 13
$40

___SESSION B: Sundays 11:45-1pm
September 20, 27, October 4
$30

Please list any injuries or health conditions you have had in the past 5 years:

I understand that I am registering for the 3 or 4 week Intro to yoga series checked above, and that full series payment is required to reserve a space.

I have noted any injuries or health conditions I have, and have read and understand the Payment Policies.

_____ _____
signature date

Please circle your interests:

stress reduction	physical conditioning	increasing flexibility	improving health
meditation practice	breathing practice	increasing energy	mental focus

What times would you be interested in taking yoga classes?:

Weekend:	early-am	mid-morning	lunchtime	early-afternoon	late-afternoon	evening
Weekday:	early-am	mid-morning	lunchtime	early-afternoon	late-afternoon	evening

PAYMENT POLICIES:
Withdrawl 1 week prior to series start: full refund
Withdrawl less than one week before series start: 50% refund
Withdrawl after 1st class: Remaining course payment cannot be refunded, except in the case of emergency prohibiting class attendance.

A single make-up class is included in the series fee, and can be taken during future sessions, or at the Saturday Hatha Yoga class, which runs from 9-10:30am, every Saturday.

GENERAL INFORMATION:
Please inform your teacher of any current/chronic injuries or health conditions so that she may safely modify the class for you.

Please take the time to listen to your body, and never force yourself beyond your limits. Questions on how to adapt the practice to your interests and body are always welcomed by your teacher. Some simple suggestions for students new to yoga can be found on our website at: http://www.motioncenter.com/New_to_Yoga.html