

FILE NUMBER:



# SIVAYA YOGA STUDIO

MEMBERSHIP NUMBER: \_\_\_\_\_

## STUDENT RECORD CARD

Student's Photo

PLEASE WRITE IN BLOCK LETTERS:

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Best Time to Call: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Enrolment: \_\_\_\_\_

1. Did you practice Yoga before?

- Yes
- No

2. Do you have any serious health problem?

- Yes
- No

3. If yes in Q2, do you consult with your doctor before joining the Yoga class?

- yes
- No

4. Are you involve in any other physical activities?

- Yes
- No

*For Full-Time Students only:*

Please provide your full-time student card for discount fee

Student Card Number: \_\_\_\_\_

Comments/ Explanations:

What desired results do you wish to achieve by practicing Yoga?

---



---



---



---



---



---



---



---

*It is the responsibility of the student to determine his or her preparedness for the Yoga classes, and to consult a medical practitioner before beginning any Yoga program.*

*I hereby warrant that I am physically and medically fit to proceed with the normal routine of Yoga practice and Sivaya Yoga Studio will not be held responsible for any injury, accident or loss. I declare that I take part in the activities of Sivaya Yoga Studio at my own risk and that I hereby indemnity the Sivaya Yoga Studio and the owner against any claim which may result from my participation.*

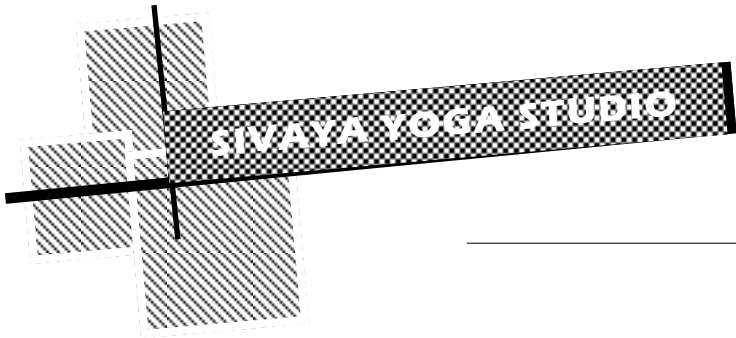
|                       |
|-----------------------|
| FOR OFFICE USE ONLY   |
| _____                 |
| <b>PAYMENT RECORD</b> |
| Date: _____           |
| _____                 |
| _____                 |
| _____                 |

\_\_\_\_\_  
Signed By:

Date: / / 2017

Please Turn Over →

www.yogafit.co.za  
 Phone: 012 333 3780  
 Cell: 082 680 1312  
 Fax: 086 754 4665  
 Email: info@yogafit.co.za



# Schedule Survey

There will be a major change in the Schedule specially in future classes. The Studio likes to hear from you. Please check ( ✓ or X) the Timetable for your preferred time

Please give your opinions to provide a better service:

-----

-----

-----

| TIME         | MONDAY | TUESDAY | WEDNES-<br>DAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|--------------|--------|---------|----------------|----------|--------|----------|--------|
| <b>6:15</b>  |        |         |                |          |        |          |        |
| <b>8:15</b>  |        |         |                |          |        |          |        |
| <b>9:00</b>  |        |         |                |          |        |          |        |
| <b>12:00</b> |        |         |                |          |        |          |        |
| <b>16:00</b> |        |         |                |          |        |          |        |
| <b>17:00</b> |        |         |                |          |        |          |        |
| <b>17:15</b> |        |         |                |          |        |          |        |
| <b>18:00</b> |        |         |                |          |        |          |        |
| <b>19:00</b> |        |         |                |          |        |          |        |