

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

PAYMENT RECORD

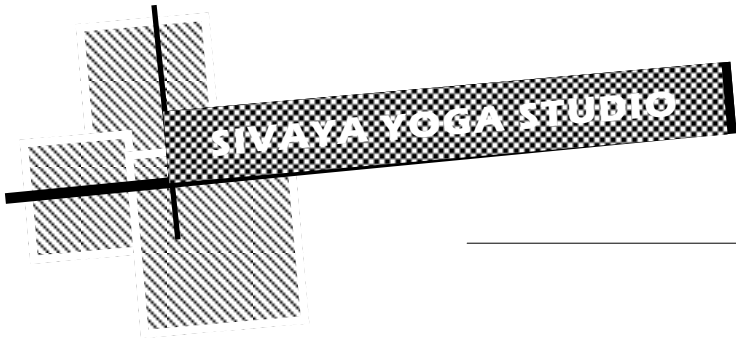
Date:

Signed By: _____

Date: / / 2017

Please Turn Over ⇨

www.yogafit.co.za
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 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- DAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
6:15							
8:15							
9:00							
12:00							
16:00							
17:00							
17:15							
18:00							
19:00							