

FILE NUMBER: _____



SIVAYA YOGA STUDIO

MEMBERSHIP NUMBER: _____

STUDENT RECORD CARD

PLEASE WRITE IN BLOCK LETTERS

First Name: _____ Surname: _____

Date of Birth: _____ Cell Phone: _____

Residential Suburb/Town: _____

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

Discount For Full-Time Students only:

Please provide your full-time student card for discount R50 on monthly fee.

Student Card Number: _____

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

If yes in Q4, Comments about the physical activities :

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
MONTHLY RENEWAL DAT
PAYMENT RECORD
Date: _____

Signed By:

Date: / / 2019

Please Turn Over ⇨

www.yogafit.co.za

Cell: 082 680 1312
Fax: 086 754 4665
Email: info@yogafit.co.za