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FOR OFFICE USE ONLY

Promo/Membership: _____

Date Entered: _____

Card #: _____

NEW STUDENT REGISTRATION FORM & WAIVER

*please fill out all **bolded** fields*

Name: _____

Street Address: _____ **City:** _____

Postal Code: _____ **Birthday:** _____ (m/d/y) **Phone:** (____) _____

Email: _____

We do require emails for receipts, but you are always welcome to opt out of the newsletter and updates!

Can we email you with news and updates about BLISS Ann Green Yoga? Yes, please! No

I.C.E. (whom to contact in case of emergency)

Name: _____

Relationship: _____

Phone: (____) _____ **Alternate Phone:** (____) _____

Specific health challenges and needs to know about you: _____

Goals for attending: _____

Inspiration: _____

Thank you for your time and sharing. Your personal information will be kept in complete confidence with me and will only be released where required by law. As well, you understand and agree that your participation, action conduct, risk and any injury may be a result of your participation in any activity with Ann Green Yoga, its successors, agents and assigns, and Ann Green. You hereby save and hold Ann Green Yoga, its successors, agents and assigns, and Ann Green harmless against any and all harm or injury resulting in any way from this activity. You hereby certify that you are participating in this program with your doctor's approval and that you are completely and fully aware of the potential risks and possible injury of such a program and in so knowing you shall claim no liability whatsoever to Ann Green Yoga, its successors, agents or assigns or to Ann Green.
 Thank you very much and Namaste.

Signature _____

Date _____