



Yoga New Student Form

Please complete the form below. If you have any questions please ask.

Contact Information

Client Name: _____ Today's Date: _____

Date of Birth: _____ Preferred Pronouns: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone: _____

Relationship to Client: _____

Do you have any health challenges your coach should know about?

What is your primary motivation for joining classes?

Terms + Conditions

Please read and check below.

- All sales are final.** Coaching sessions, packages, and all purchases are non-refundable and non-transferrable. Purchases can only be used during agreed upon validity periods.
- Class size limit.** Private classes are one-on-one. Group class size maximum will be determined by the coach. If you'd like to invite a guest or add an additional person to your class, please contact your coach in advance to ensure availability.
- Start/End Time.** Class start and end times are fixed. If a student arrives late or needs to step away in the middle of class, the teacher will still end at the scheduled time.
- Health.** I understand that my coach is not a clinician and cannot treat, diagnose, or cure any disease, illness or injury. In all cases, students should join classes with approval from a trusted medical professional and should always follow their doctor's advice.
- Liability Waiver.** Students take full responsibility for their own health and any illness or injury that may occur. Students cannot and will not hold instructors or any employers or affiliates responsible in the case of accident or illness during practice.
- Privacy policy.** I am providing my contact information for class registration, updates, marketing, and communication. I can opt out and cancel/remove my complete data at any time by contacting my instructor.
- I have read and understand the terms and conditions of classes as outlined above.**

Client Signature: _____

Today's Date: _____

Printed Name: _____

Consent for COVID-19 Precautions

I have read and reviewed the COVID-19 Safety Policy. I agree to adhere to all protocols for COVID-19 safety including staying home when sick and wearing a mask at all time while in the studio.

Client Signature: _____

Today's Date: _____

Printed Name: _____

Consent for Cancellation Policy

I have read and reviewed the Cancellation Policy. I agree to provide 24 hours notice to cancel a session to avoid a late cancellation fee.

Client Signature: _____

Today's Date: _____

Printed Name: _____

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