



Community Yoga
 20823 North Main St.
 Suite 117
 Cornelius, NC 28031
 704 -491 -4749
www.communityyoga.com



Please Write Clearly

Name _____

How did you hear about us?

Address _____
(street)

(news, email, friend, flyer, sign, etc)

Address _____
(City, State Zip)

Do you have any interest in joining
the Community projects that we support?

Preferred Phone _____

Preferred Email _____

Do you have any projects that you
would like to suggest?

Date of Birth _____

Medical Info (pertinent issues) _____

(continue on reverse if necessary)

(all your contact information will be kept confidential)

(continue on reverse if necessary)

Student Awareness

I understand that it is my responsibility to check with my medical doctor before beginning any new exercise program and to monitor my own level of physical work in classes at the Community Yoga Center. I will let my instructor know prior to class if I have any conditions that need additional monitoring and I will let my instructor know immediately if I feel any discomfort or pain during a class. I release Community Yoga from and any and all liability and obligations that may arise as a result of my participating in any class or program at Community Yoga.

By signing below I confirm that I have read and understand the policies of the Community Yoga Center and will adhere to these for the time that I take classes at Community Yoga.

Signature _____

Date _____

Teacher: _____