



YAS

NEW STUDENT FORM

PLEASE TAKE A MOMENT TO COMPLETELY FILL OUT THIS FORM - thank you!

(Please Read!) **Release of Liability:** In signing below I agree that YAS is in no way responsible for the safekeeping of my personal belongings while I attend class. I understand that classes at YAS may be physically strenuous and I voluntarily participate in them with full knowledge that there is risk of personal injury, property loss or death. I agree that neither I, my heirs, assigns or legal representatives will sue or make any other claims of any kind whatsoever against YAS or its members for any personal injury, property damage/loss, or wrongful death, whether caused by negligence or otherwise.

Release of Liability - Signature _____ Date _____

NAME & ADDRESS (PLEASE PRINT LEGIBLY!)

Last Name _____

First Name _____

Address _____

City _____ State _____ Zip _____

May we send you notices about events, specials, etc? Yes No

PHONE #'s

Work Phone () _____ Ext _____

Home Phone () _____

Cell Phone () _____

Fax () _____

OTHER INFO

Birthdate ____/____/____

Email Address _____ (very important!)

May we send you email notices about events, specials, etc? Yes No

How did you find out about us? (circle one)

Friend Internet Driving by Magazine Other _____

EMERGENCY CONTACT

Name _____ Phone # () _____ Relationship _____

INTERESTS (circle all that apply)

Yoga Indoor Cycling Workshops Retreats Weight Loss Other _____