



HYA YOGA

ANCIENT WISDOM MODERN MOVEMENT

New Student Form

Full Name _____

Mobile # _____

Email address _____

DOB _____

How did you hear of HYA Yoga? _____

What are the main reasons for choosing yoga:

Fitness	Meditation	Strength
Weight loss	Stress release	Other: Please
Flexibility	Lifestyle	specify _____

Do you have any of the following? Please Circle

Pressure	Anxiety	Migraine
High/Low blood pressure	Scoliosis	Hernia
Pregnancy	Varicose veins or DVT	spinal problems
Joint/muscle	Heart condition	Chronic fatigue
Back pain	Asthma	Recent surgery
Injuries	Diabetes	Thyroid condition
Depression	Epilepsy	Arthritis

Please list all medical conditions that might interfere with your ability to exercise:

Please notify your teacher if your condition/circumstances change.

I give permission for HYA Yoga to use any photos they take of me while at HYA Yoga studio or any events they hold, on social media or on their website YES / NO

I want to receive newsletters regarding upcoming events, programs and workshops YES / NO

Waiver: I understand that HYA Yoga, its partners and teachers, will provide yoga and/or meditation instruction and teaching. I understand the instructions are intended only as guidance. I therefore take full responsibility to adjust my practice to my own limitations to ensure that no personal injury occurs. Accordingly, I hereby assume full risk for any injury or loss I may suffer whilst practicing yoga and/or meditation and waive any claim that I might have at any time for any injury or loss of any sort against HYA Yoga, it's partners and teachers. I have carefully read the above release and waiver of liability and fully understand its contents. I voluntarily agree to the terms and conditions above.

Signed (Client)Date

Pass Options: Intro Special \$49 Month Unlimited | Casual class pass \$20 CASH/ CREDIT | (2.2% fees apply for CC via EZIDEBIT) HYA YOGA – Miranda | www.hyayoga.com.au