Beams of Light Studio

New Student Registration

Name: first/_____last/_____ Gender:F_____/M_____

Date of Birth_____/_____/_____ Occupation:_____

Day Month Year

Address:_____ _____/_____ _____/_____

No. and Street City Postal Code

Email:**(Please print clearly)**_____

Phone:(h)_____(b)_____(c)_____

Emergency Contact: 1)Name:_____Relationship_____

Phone Number(h)_____(b)_____(c)_____

Please check if you wish to be notified of upcoming events otherwise your email will be used only to notify you of class changes or cancellations. **Yes** I would like to be notified of upcoming events. ☐

Please place info@beamsoflight.ca into your address book to receive emails.

Please circle your level of Yoga: beginner / intermediate / advanced /

List any recent surgeries, illness, injuries, pregnancies or other conditions we should know that might affect your ability in class or to attend classes. _____

_____

_____

Please circle where you heard about Beams of Light Studio: Friend / Newspaper/ Outdoor Sign / Window Flyer /Google Search/ Website/If member specify name_____.

Please indicate you have read the guidelines for yoga students page attached or from an email attachment. ☐

Waiver of Liability and Assumption of Risk: The undersigned student (or the parent or legal guardian of the student, if the student is under 18 years of age) acknowledges that the activities, practices and services offered at Beams of Light facility involves and inherent risk, and hereby assumes all risks incident to such activity. By registering to participate, the student (parent or guardian) represents that they are in adequate physical condition to participate, based on their own assessment, and are not relying on any representations made by anyone at Beams of Light. Student waives any claim or right of action against Beams of Light and its owner or instructors for loss, expenses, liabilities, damages or legal fees incurred on account of any loss or injury to the student or the students property incurred in connection with and/or as a result of the students attendance at classes conducted by Beams of Light and/or the use of the Beams of Light facilities or services.

Policies: * Memberships are non-transferable and non-refundable. **All 12 passes must be used within 4 or 6 months of purchase.** You may not carry classes forward to new sessions. A charge of $40 is applied to any NSF cheque.

Signature:_____ **Date:**_____