



Membership Form

Mr/Mrs/Ms/Miss/Dr **First Name** _____ **Surname** _____

Date of Birth _____ **Gender** M F **Age** _____

Address _____

Suburb _____ **Postcode** _____

Phone (Home) _____ **(Mob)** _____ **(Bus)** _____

Email _____

Occupation _____

Emergency Contact _____ **Phone** _____ **Relationship** _____

Have you done yoga before? _____

How did you hear about us? _____

Class / Membership

Casual Express	Drop In	\$20 intro deal
10 class pass	1 month unlimited	3 months unlimited

OTHER FREE class pass	Competition winner	
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- All memberships are non-refundable & non-transferable!
- All extensions and account adjustments to be received 7 days in advance
- One month notice is required to cancel membership

Please tick here if you DO NOT want to receive our monthly newsletter featuring events and promotions

Office Use Only

Total Fees Received \$ _____ Payment Type: Cash Chq EFT Visa M/Card B/card
 Staff Initials: _____ Date: __/__/__ Membership Number: _____



YOGA loft Health and Fitness Evaluation

Name: _____ Date: _____

Your main goal for practicing yoga: _____

Name of your Doctor: _____ Tel : _____

MEDICAL PROFILE

1. Do you suffer from any Heart conditions? _____
2. Do you frequently suffer from chest pains? _____
3. Do you often feel faint or have spells of dizziness? _____
4. Do you suffer from high blood pressure? _____
5. Do have any joint problems such as arthritis? _____
6. Epilepsy? _____
7. Back Problems? _____
8. Muscle Problems? _____
9. Diabetes? _____
10. Do you take any prescription medicine? _____
11. Asthma? _____
12. Are you Pregnant? _____

If you have answered yes, to any of these questions please list any details:

INDEMNITY

I hereby agree that YOGA loft, it's Directors or nominated agent shall not be liable, for any loss, damage or personal injury suffered by me, whether directly or indirectly arising out of any act or omission by YOGA loft, its Directors or its agent. I am aware of the possible health and safety risks associated with participating in physical exercise and consent to any reasonable exercise which may from time to time be strenuous. I have made YOGA loft, its Directors or it's agent aware of any relevant medical or health problems that I currently or likely to suffer from and have obtained a clearance from a registered medical practitioner to participate in physical exercise. (Applies to males over the age of 35 years and females over the age of 45). I acknowledge sole responsibility for any personal equipment. I consent to receive medical treatment, which may be deemed necessary in the event of injury, accident or illness. (If you are under 18 years of age, a signed consent of your legal guardian must be obtained.

SIGNED

DATE