

PLEASE REGISTER BEFORE YOGA CLASS

Name:		Best number to reach you:	
Special conditions that might affect my practice: <input type="checkbox"/> I am pregnant (_____wks/mos) <input type="checkbox"/> I have a heart condition <u>Details:</u> <input type="checkbox"/> I have other conditions, concerns or injuries that I feel might affect my participation in yoga. <u>Details:</u> <input type="checkbox"/> My doctor might be concerned about my participation in yoga.		Please add me to the following email lists... (check all that you are interested in): <input type="radio"/> Yoga Schedule Updates <input type="radio"/> Sacred Space Events (workshops, retreats, etc) <input type="radio"/> Heart Full Living Updates	
		My email:	
		How active are you? <input type="checkbox"/> Not very <input type="checkbox"/> Moderately <input type="checkbox"/> Very <input type="checkbox"/> I have experience with Yoga <input type="checkbox"/> This is my first time in a yoga class!	
Class Options: Today I am purchasing...			
Regular Yoga Classes <input type="radio"/> \$100: PUNCH CARD (8 classes) <input type="radio"/> \$15: DROP-IN (1 class)		Meditation (Yoga Nidra) Classes <input type="radio"/> \$70: PUNCH CARD (4 classes) <input type="radio"/> \$20: DROP-IN (1 class)	

1. **PREPAYMENT** of cash or cheque is heart-fully requested.
2. **CHEQUES** payable to **BRENDA CHMELYK** (please email Brenda (info@realfocustraining.com) if you would like a receipt)
3. **PUNCH CARDS** are processed by taking attendance at the beginning of each class.

Waiver of Responsibility

- **Brenda Chmelyk & REAL Focus Training Co.** are not responsible for any damages or personal injuries to any person participating in this Yoga Program. I agree to inform the instructor of any medical conditions, physical ailments or disabilities that may be aggravated by yoga practice so that a variation of the exercise can be offered. If the practice aggravates a pre-existing condition, I agree to stop the practice & notify the instructor immediately so that all efforts can be made to ensure my safety while participating. Yoga is not a substitute for medical attention, examination, diagnosis or treatment.

I understand that I am 100% responsible for myself & my decision to practice yoga and I agree to work at my own pace. I confirm with my signature below that I understand the above waiver of responsibility:



Signature _____

Today's Date _____

The Sacred  Space

10607 - 101st Ave, Fort St John, BC