

New Day Yoga

First Time Client Application Form

Personal Details:

Name _____ Email _____

Address _____ ZIP _____

Phone _____ Cell _____ Work _____

Age: _____ Date of Birth ____/____/____

Detail any medical conditions/ allergies that we should be aware of?

Do you have any past or current injuries that we should be aware of?

If yes, please provide further details: _____

Emergency Contacts:

Name: _____ Address: _____

Relationship: _____ Phone _____ Cell _____ Work _____

Would you like yoga to be offered at your business' location? _____ If yes, our coordinator will contact you.

How did you hear about New Day Yoga Studio? _____

Please, mark one with an X :

___ New Student Special 30 days for \$30.

___ Other \$ _____

___ Single Month Unlimited \$100

___ 3 Month Unlimited \$260

___ Annual Unlimited \$59.95 per Month*

___ 6 Month Unlimited \$79.95 per Month*

___ I am interested in making an endowment gift; please contact me.

I can help with the following volunteer tasks; please contact me:

___ Newsletter ___ Special Events ___ Child Care ___ Club

Maintenance ___ Advertising ___ Other _____

Every member counts. Thank you for your support!

*Only for members participating in the auto pay program.

For members under 18:

Parent or Guardian Name (block capital): _____

Signed: _____ Date: _____

I, _____ do hereby apply for annual membership at the New Day Yoga Studio.

Please, complete the section below only if you would like to participate in the auto pay program of New Day Yoga.

I hereby declare that I will indemnify the New Day Yoga Studio, its committee of management and public officer as well as officers and staff of New Day Yoga Studio, New Day Yoga LLC in respect of any liability for claims, demands, actions or proceedings whatsoever made or taken against them, arising out of loss or damage to property or personal injury as a consequence of my acts or omissions whilst a member of this association.

Applicant acknowledges that this application sets forth all of applicants rights in the New Day Yoga Studio.

Credit Card Number: _____ Expires: ____/____/____
(Check Card, Visa, MasterCard) Month Year

Name as appears on card (please print): _____

Term of Contract From: _____ To: _____ Amount Paid:\$ _____ Verification Code: _____

Applicant: _____ Signature: _____

Dated this _____ day of _____, 20____
(Please Print) Day Month Year (Applicant's Signature)

Witness: _____ (New Day Yoga Studio Representative)