



****Please Complete all Information and Print Clearly****

TEACHER TRAINING REGISTRATION INFORMATION	
NAME:	
ADDRESS:	
CITY:	
STATE:	
ZIP CODE:	
HOME PHONE:	() -
CELL PHONE:	() -
EMAIL ADDRESS:	_____ @ _____ .

COMMUNICATION PREFERENCES?		FOR OFFICE USE ONLY:	
	<input checked="" type="checkbox"/>	FULL AMOUNT:	\$3000
EMAIL COMMUNICATION:	<input type="checkbox"/>	DEPOSIT:	\$ 700
TELEPHONE	<input type="checkbox"/>	CHECK #	
BOTH	<input type="checkbox"/>	Total Amount Due by 2/15/16	\$2300

East Meets West Yoga Center and Health Advantage Yoga Center Yoga Instruction Release	
<p>I understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher.</p> <p>Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against East Meets West Yoga Center and The Health Advantage Yoga Center.</p> <p>In addition, I agree to adhere to all of policies, conditions and procedures of both EMWY and HAYC.</p>	
PRINT NAME:	SIGNATURE:

No refunds are given after February 15, 2016
 Checks preferred.
 Make all checks payable to: East Meets West Yoga