

PUBLIC CLASSES APPLICATION FORM

Today's Date: _____

Student Name: _____ Date of Birth: _____ Male: ___ Female: ___

Address: _____ P/code: _____

Email: _____

Do you wish to receive our newsletter by email? Yes: ___ No: ___ please check

Phone: Home: _____ Work: _____ Mobile: _____

Occupation & Employer (If a student, the school or institution): _____

Emergency Contact Names & Phone: _____

We call these 'the eight magic questions' and they serve to help you decide whether you are ready to begin the type of study that we offer. Please check **Yes** or **No** below:

- (1) Will you be living in the area for at least twelve months? Yes: ___ No: ___
- (2) Can you attend classes twice a week? Yes: ___ No: ___
- (3) Are you aware that this is a structured program designed to achieve beneficial results but requiring some effort from you the participant? Yes: ___ No: ___
- (4) Are you prepared to practice and revise the information from the Knoff Yoga program outside of your regular class times? Yes: ___ No: ___
- (5) Are you willing to set a goal to develop your physical and mental fitness? Yes: ___ No: ___
- (6) Can you afford to budget \$99 per month for your classes? Yes: ___ No: ___
- (7) Do you promise to carry yourself in a proper manner both in and outside of our Yoga school and be a good ambassador for Knoff Yoga? Yes: ___ No: ___
- (8) In your opinion are you physically and mentally healthy enough to commence Yoga classes? Yes: ___ No: ___

Please describe your current state of health: _____

Rate the amount of stress in your life: _____ High _____ Medium _____ Low

Please check any of the following which apply to you:

	Allergies		Back pain		Major injuries/operations		Cancer
	Arthritis		Knee pain		Hypoglycemia or Diabetes		Infectious disease
	Asthma		Neck pain		High blood pressure		Broken bones
	Breathing Difficulties		Other pain		Low blood pressure		Regular headaches
	Do you smoke		Ulcers		Heart disease		Hospitalized recently

Please list any other physical injuries, medications or mental health issues that we should be aware of before you commence your study:

Other forms of exercise or sports: _____

Are you pregnant? Yes: ___ No: ___ if yes, what is the due date of your baby? _____

PLEASE TURN OVER

How did you find us? Check, circle or highlight as many as relevant.

Cairns Sun Newspaper Flyer Friend Internet Search Signage Yellow Pages

Australian Yoga Life magazine Other: _____

Check, circle or highlight two or more of the following benefits that you would like to obtain from the study of Yoga:

Balance Flexibility Strength Relaxation Emotional Well-being Fitness Better Posture
Better Breathing Better Sleep Improved Circulation Improved Concentration Improved Digestion
More Energy Enhanced Immune Function Normalize Weight Anger Management Spiritual Awareness
Become Confident Meet Like Minded People Overcoming Bad Habits Become a Yoga Teacher

Other: _____

Have you ever done Yoga study before? Yes: ____ No: ____

If yes, what style, when and with whom: _____

Do you teach yoga? Yes: ____ No: ____ If yes, where and when: _____

Will you please now read the following and sign below if you agree to these terms. For insurance reasons we will be unable to commence your training before you agree to these terms.

I the undersigned will commence my classes and subsequent Knoff Yoga program under the following conditions:

I know of no reason why I cannot study or participate in Yoga.

I agree to be bound by all of the rules of Knoff Yoga and follow the teacher's instructions in the classes and at home.

I accept and understand that the practice of Yoga may result in accident or injury and I release Knoff Yoga, Knoff Yoga employees, all Knoff Yoga teachers (including guest teachers) and all other students of Knoff Yoga from any liability or loss sustained while training, studying, practicing, or in the application of Yoga.

I understand that Knoff Yoga recommends that mature students or students with a pre-existing illness, injury or condition should seek medical advice before beginning a Yoga study, training or exercise program and should have their health professional monitor that condition as necessary throughout the entire training program. I will not hold Knoff Yoga, it's employees, it's teachers or Knoff Yoga students responsible for doing this.

I understand that all Knoff Yoga fees are non-refundable regardless of class attendance.

I agree that Knoff Yoga may take photographs and may make video and audio material of student's classes or school events and that these materials may be used for display, books, TV, magazine articles, promotions and or advertising or sold for profit and I hereby waive any compensation to which I may be otherwise be entitled for appearing in such materials.

In the event of an emergency, I hereby authorise any licensed medical personnel to perform any accepted medical procedure deemed necessary and I agree to bear all the expenses of any such treatment.

I HAVE READ AND UNDERSTOOD ALL OF THE ABOVE AND I WOULD LIKE TO BEGIN CLASSES.

Student Signature: _____ **Date:** _____

Parent/Guardian signature if under 18 years old: _____

NOTE: Knoff Yoga reserves the right to change class times, decline or cancel membership at any time without notice.