**Registration form 2018-19**

**MeditationWorks  
Yoga classes**

**Group classes at École de Saint Jean**

INFORMATION :

|  |  |
| --- | --- |
| **LAST NAME :** |  |
| **NAME :** |  |
| **BIRTH DATE :** |  |
| **ADDRESS:** |  |
| **POSTAL CODE :** |  |
| **CITY:** |  |
| **TELEPHONE :** |  |
| **EMAIL :** |  |

**For which class(es) are you subscribing (mark with X) :**

⃝ Monday - Hatha yoga - 18:30 - 20:00

⃝ Monday - Initiation to yoga and meditation - 20:15-21:45

⃝ Wednesday - Yoga flow - 18:00-19:30

⃝ Friday - Yoga en douceur pour l'abdomen et l’âme - 10:00-11:00

**Mark your chosen payment plan in the table below with a (X) :**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RATE** | **Payment options**  (mark your choice with an « X ») | |
|  |  | **Cash** | **Bank transfer** |
| **One-time class** | 30 CHF |  |  |
| **Card 10x voucher** | 250 CHF |  |  |
| **1 year subscriptionº (1x)** | 543 CHF |  |  |
| **6 months subscription 1x** | 470 CHF |  |  |

Notes :

→For the annual subscriptions : Can join all classes during the subscription period which starts with the first class after purchase. Annual subscriptions start with payment and end with the summer break.

→ Makeups for a missed class are possible if announced.

→ Makeups after the end date of the subscription are not possible. However, if a class was canceled by the teacher, the student can makeup for the missed class.

→ Vouchers can be used in any class within the timeframe of a scholar year. By June 30 all vouchers should have been used.

YOGA HEALTH QUESTIONNAIRE & CONSENT FORM (ONLY FOR NEW STUDENTS ) :

The purpose of this questionnaire is to help your yoga teacher better understand your fitness and health level in order to address your general expectations from our yoga classes.

1. Have you done yoga before? Y / N

(IF THE ANSWER IS NO, SKIP TO QUESTION #4)

1. If so, what style(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many years have you been doing yoga, and on average, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. On a scale of 1-10, how physically active is your lifestyle currently (10 being the most active)?

\_\_\_\_\_\_\_\_

1. What other forms of exercise do you do? (IF YOU DO NOT DO ANY OTHER FORMS OF EXERCISE, SKIP TO QUESTION #7)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. How long have you been doing these other forms of exercise, and how often?

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1. On a scale of 1 – 10, how stressful is your job? \_\_\_\_\_\_\_\_\_\_
2. What are your expectations and/or goals from your yoga class?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you suffer from any of the following health issues? Check where applicable.

Arthritis \_\_\_\_ Blood Pressure \_\_\_\_\_ Eye Issues \_\_\_\_\_ Migraines \_\_\_\_\_ Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Pregnancy \_\_\_\_\_ Back Pain \_\_\_\_\_ Ear Issues \_\_\_\_\_ Heart Condition(s) \_\_\_\_\_

1. Please add any further comments, questions, and/or concerns here:

Please be aware that proper care shall be taken for your well-being and safety, however, it is important to realize it is ultimately your responsibility to adjust your practice to avoid injury. No responsibility can be taken for injuries from, or as a consequence of, your participation in these classes.

PAYMENT OPTIONS :

The payment gives you access to the courses to which you are enrolled. Payment can be done by bank transfer or in cash.

If you decide to pay by bank transfer: The payment shall be made at least 3-4 days before the class.

Bank details:

da Silva Couto Ribeiro, Maria

POSTFINANCE

IBAN: CH18 0900 0000 1514 8103 6

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If you decide to pay in cash: You can pay the full amount of the chosen subscription at the beginning of your first class.

Any subscription must be honored and can not be refunded.

PRIVACY OF YOUR DATA :

Private data will be used only to inform you of the activities organized by the center, they will under no circumstances be transmitted without your agreement.

ALL INFORMATION IS STRICTLY CONFIDENTIAL. THANK YOU FOR FILLING THIS FORM

Read and approved on: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return this form completed and signed. Thank you !