

Yoga & Pilates Registration



Name

Address

Phone

Email

Medical Conditions

Your Selected Course/s

Day	Time	\$
<input type="checkbox"/>	\$20 discount for 2 courses / week	\$
<input type="checkbox"/>	10 session Yoga Card	\$
<input type="checkbox"/>	\$30 deposit	<input type="checkbox"/> Full payment of \$

Payment

Cash Cheque

Online with PayPal @ www.geniuswellbeing.com.au

Internet Banking—Acct details @ www.geniuswellbeing.com.au

Visa Mastercard Expiry Date

Name on Card

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Agreement

I agree that I do not have any ailments which prevent me from doing a Pilates or Yoga class and I do these and future sessions at my own risk. If I do have any current problems, I have attached written permission from my medical practitioner, and I am able to attend a Pilates floor or Yoga class at any level without any risk to myself. I agree not to hold Lazenby Yoga & Pilates, or their agents, responsible for any problems that may arise from my attendance.

signed _____ date _____