



# Yoga Dance Registration Form

Name: .....

Address: .....

Email: .....

Ph: .....

Emergency Contact Details: .....

Please List any injuries or illnesses .....

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Experience: Dance / Yoga            Years.....Months.....

Are you Pregnant: Y / N

### **Waiver and Release**

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at anytime during the class. It is important you listen to your body and respect its limits on any given day. As with any physical activity, the risk of injury is always present and cannot be entirely eliminated.

If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility for any and all damages, which I may incur through participation. I will not perform any activity to the extent of strain or pain. I assume full responsibility for any and all damages, injury and loss which may incur, to person or property, through the participation. I hereby agree to irrevocably release and waive any claims that I have now or may have in the hereafter against Patti Dodd and/or Val Broome for any personal injury or negligence.

Print Name.....

Sign Name.....

Date.....

## **INFORMATION**

### **WHAT TO BRING**

Water bottle

Comfortable clothing for ease of movement

Lunch

Morning and Afternoon Tea will be supplied.

Class begins at 9am and concludes at 4pm each day. Please feel free to arrive before start time to introduce and to set up your space.

Please fill out the registration form and return with your receipt, via email, to either Val Broome [vlbroome@iinet.net.au](mailto:vlbroome@iinet.net.au) or to Patti Dodd [palmviewmassageandyoga@hotmail.com](mailto:palmviewmassageandyoga@hotmail.com)

Option 1: Pay in full \$80

Option 2: Pay \$40 to secure your place. Pay the remaining \$40 upon arrival on 15-06-19

Payment of can be made via direct deposit. Please use your name as a reference.

Patti Dodd

BSB: 064-710

Account: 10636900