



JUSTYOG
Rythm Of Life.....



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+91 9007226188



justyogrhythmoflife@gmail.com

Admission Form

Personal Information:

- Full Name: _____
- Date of Birth: _____
- Gender: ☐ Male ☐ Female ☐ Other
- Contact Number: _____
- Email Address: _____
- Address: _____

- City: _____
- State: _____
- Zip Code: _____

Emergency Contact Information:

- Name of Emergency Contact: _____
- Relationship: _____
- Contact Number: _____

Health Information:

- Do you have any existing medical conditions or injuries? (If yes, please specify):

☐ Yes ☐ No

If yes, please describe: _____

-
- Are you currently on any medication?

☐ Yes ☐ No

If yes, please specify: _____

-
- Have you practiced Yoga before?

☐ Yes ☐ No

If yes, for how long? _____

- Are you pregnant or planning to become pregnant?

☐ Yes ☐ No

Emergency Medical Release:

In case of an emergency, I authorize the 'JUSTYOG' to seek medical treatment for me if necessary.

Signature: _____ Date: _____

Course/Program Details:

- Type of Program: ☐ Beginner ☐ Intermediate ☐ Advanced ☐ Special Program

- Preferred Yoga Style: ☐ Hatha ☐ Vinyasa ☐ Kundalini ☐ Ashtanga ☐ Others

(Specify): _____

- Preferred Time Slot: ☐ Morning ☐ Afternoon ☐ Evening

- Days of Attendance: ☐ Monday ☐ Wednesday ☐ Friday ☐ Weekend

(Saturday/Sunday)

Agreement and Terms:

I agree to follow the guidelines set by the Yoga Center and take full responsibility for my participation in the program. I understand that the center is not liable for any injuries or accidents that may occur during practice.

Signature: _____ Date: _____