



Registration Form

Name of student:	Date:
Address:	
Phone:	
Email:	Date of Birth:
Concerns or limitations (please list any past injuries or surgeries):	
Please list any medications you are currently taking that we should be aware of:	
Series or Workshop name:	
Series or Workshop Dates:	
Price of Workshop:	Deposit required:
Please note: A waiver must be signed prior to the first class, please allow time. A parent signature is required if the student is under 18 years of age.	
To the best of my knowledge the above information is complete and accurate (sign below).	
Signature of student:	

Payment: Checks can be made out to Prasada Yoga Center LLC
Please mail deposits and registration forms to:
Prasada Yoga Center LLC
18 Lafayette Rd. Unit #4
North Hampton, NH 03862