

PRENATAL YOGA please print legibly!

NAME _____ DOB _____

Address: _____

City State Zip _____

Home Phone _____ Cell _____

Work Place & Number _____

Print Email _____ @ _____

What stage of pregnancy are you currently in? 1st 2nd 3rd Trimester - circle one

Your "DUE DATE" : _____

Are you currently exercising? Explain what _____

Any Existing injuries or conditions we should be aware of? Yes No
Describe _____

WE OFFER CASH DISCOUNTS – Pay Cash/Check and SAVE!

 8 classes for \$107 (10 wk expiration)

I agree to forever relieve and hold harmless the Dance Centre, its instructors, staff and other customers from any and all liability or damages resulting from either personal injury or theft or loss of personal property whether or not due to the negligence of the Dance Centre. Further I understand the refund policy and the tuition package policies. The Dance Centre reserves the right to cancel classes if minimum attendance is not met and issue refunds at their sole discretion. All Monies once paid are NON-REFUNDABLE NON-TRANSFERRABLE.

Signature _____ Date _____

Dance Centre Representative Signature:

_____ Date _____