YOGA LIFE, MIND & BODY CENTRE

Registration Form

Registration / Membership No : ☐☐ - ☐☐ - ☐☐☐☐

Name as per MyKad :

Other Name :

Contact No (Land Line/Mobile) :

Email Address :

Line of Work :

Health Problems (if any) :

Blood Pressure (tick where applicable) : ☐ Normal ☐ High ☐ Low ☐ Don't know

Other Concerns :

In case of Emergency, kindly contact the following person :-

Name :

Relationship : Contact No (Land Line/Mobile) :

Disclaimer :
I understand that by signing this statement I am agreeing not to hold any staff or member of Yoga Life, Mind & Body Centre responsible or liable for any injury or discomfort if any, that I may suffer directly or indirectly as a result of participation in any of the school's classes and programmes. I also confirm receipt, have read and undertake to adhere to the Rules and Regulations of the Centre as stated overleaf.

Signature Date

For Office Use Only

Registration/Membership Fee : RM (ONE time only)

Package (see below) : RM Attendance Card No : ☐☐☐☐☐☐

Others / Purchases : RM

TOTAL Due RM

Intial / Date / Time

Collected by (Name) :

Package

Level ☐ Basic ☐ Int 1 ☐ Int 2 ☐ Adv

No of Classes ☐ 4x ☐ 8x ☐ 12x ☐ 16x ☐ UL

Validity ☐ 1 mth ☐ 2 mths

Remarks (if any):