



The Hindu Cultural Center
Yoga & Meditation
10530 Troy Lane N
Maple Grove, MN 55311
(763) 425-9449

Contact Information

Name: _____
LAST FIRST MI

Date: ____/____/____
MM DD YYYY

Phone: Home: (____) ____ - ____

Mobile: (____) ____ - ____

Work: (____) ____ - ____

Sex: M / F (circle one)

Email Address: _____

Date of Birth: ____/____/____
MM DD YYYY

Address: _____

City: _____ State: ____ Zip: _____

In case of emergency...

Primary Doctor: _____ Phone: (____) ____ - ____

Emergency Contact: _____ Phone: (____) ____ - ____

Personal Information

Have you ever practiced yoga before?: Y | N (circle one)

If so, please describe the intensity and nature of your practice:

Please list any injuries, recent surgeries, illnesses, or other conditions our instructors should be aware of:

Are you pregnant?: Y | N (circle one)

If so, when is your due date?: ____/____/____
MM DD YYYY

To help us better serve you, please describe below what you hope to gain from practicing yoga:

_____ (initial) I release the Yoga and Meditation Center of the Hindu Cultural Center and its volunteers and will not hold them liable for any injuries and all liability

arising out of any personal injuries or damages, foreseeable or unforeseeable, which may occur as a result of my participation in any class or activity. I hereby declare myself physically and mentally sound and capable of participation in those activities, programs, and classes.

Signature: _____ Date: _____