

Synergy Yoga Registration Form For Group Classes

Classes are held at 3411 Glenprosen Court, San Jose, CA 95148

For pricing and payment information please check the website at
www.synergyyogasj.com

Date of Registration _____

Name _____

Address _____
Street City State Zip

Phone _____ **Mobile** _____

Email _____

Emergency Contact _____
Name and Phone

Please describe your past yoga experience and present practice, if any

Health Information

Please inform the instructor of any preexisting health condition that may affect your yoga practice. Information provided by you will help us work with your individual needs.

Are you currently on any medication? If so, please indicate for what condition? Please describe any known side effects of these medications (such as change in heart rate, nervousness, lack of coordination, etc.) that may impact your practice.
