



## Registration Form

Guest's Name: \_\_\_\_\_ Shoe size: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_

### **Emergency Contact Information**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Do you have any medical conditions?  Yes  No

If so, please explain: \_\_\_\_\_

Do you have any allergies?  Yes  No

If so, please explain: \_\_\_\_\_

Are you taking any medications?  Yes  No

If so, please explain: \_\_\_\_\_

Do you have any dietary restrictions?  Yes  No

If so, please explain: \_\_\_\_\_

Do you carry any medical insurance?  Yes  No

If so, please name company and provider: \_\_\_\_\_

Describe your current physical fitness and level of activity: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Enclosed is my check, payable to Earthworks for \$\_\_\_\_\_. Or, please bill my credit card # \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Expiration \_\_\_\_\_ for \$\_\_\_\_\_. Cardholder Name \_\_\_\_\_ Zip Code \_\_\_\_\_*

Please mail to: Camarillo Yoga Center, 5800 Santa Rosa Rd. #127, Camarillo, CA 93012

**Please do not send credit card numbers by e-mail.**