



Student Registration Form

Name: _____ D.O.B. _____

Phone: _____ Mobile: _____

E-Mail: _____

Accidents or Injuries : _____

Occupation: _____ Course Date: _____

How did you hear about Yoga Om? _____

Name of Referrer: _____ Do you wish to receive our Newsletter? Yes / No

Payment Method: Cash / Direct Deposit / Pay Pal (info@yogaom.net)

Bank - **CBA**; Account Name - **Yoga Om**; BSB and Account Number - **066 117 / 1029 5408**

IMPORTANT: In the Reference line pls mention COURSE or INTENSIVE and your LAST NAME

Pls E mail us a receipt of the DD - info@yogaom.net

Terms and Conditions:

To confirm booking full payment is required before the commencement of all courses undertaken.

Separate Registration form will need to be filled out for each person.

You are expected to attend each class during the duration of the course. If for some reason you are unable to attend a class please call 9349 9472 or e mail us to see the possibility for a make up class. Up to 2 make up classes will be considered, provided you do them during the duration of the course. Make up classes do not transfer once the course has completed.

Course fees are **non refundable and non transferrable**. \$20 Admin fee applicable for any changes.

Disclaimer:

I understand and accept the **Terms and Conditions** and hold Reginald Clarence, Yoga Om, its instructors, employees and representers (whether in contract or in tort or under any statute whatsoever) harmless for any liability whatsoever for any injury, damage and or loss of use arising out of any activity, instruction physical or mental and hereby agree that any damage sustained physically or mentally is voluntarily undertaken.

Signature _____ Date _____