



Elahi Yoga Teacher Training Registration Form

Name: _____

Address: _____

E-Mail Address: _____ Phone: _____

Emergency Contact: _____ Phone Number: _____

Are you a parent, educator, or caregiver?

How long have you practiced yoga?

What trainings have you taken for children's activities?

What are you looking to gain from this training?

What is your current employment?

Do you need childcare during this training?

Should we know of any physical or medical conditions that you have?

Card # _____ Sec.# _____
Name On Card: _____
Visa ___ MC ___ Amex ___ Exp Date: _____
Total Due: _____
Signature: _____

Billing Address: _____	Same As Above: <input type="checkbox"/>

Apt #: _____	City: _____ State: _____
Zip code: _____	

*Payment in FULL, No Refunds.

Checks Payable To: Elahi Yoga LLC

Fax To: 1.800.584.7940

Mail To: 130 E. 65th Street New York, NY 10065

By Phone: 212.249.0607

Liability Disclaimer & Notices:

I individually hereby acknowledge the following notices and grant to Elahi Yoga, LLC the following release from liability:

A. I acknowledge and fully understand that I will be engaging in physical activities that may involve some risk of injury. I acknowledge and have been advised that it is my responsibility to consult with my physician with respect to any past or present injury, illness, health problem or any other condition or medication that may affect my participation. I assume the foregoing risks and accept full personal responsibility for any personal injuries sustained which might incur as a result of participating in this program and discharge and hold harmless Elahi Yoga, its owners, directors, members, employees and agents from any claim, cause of action or liability for damages arising from any personal injury to myself or other persons or property caused by my participation in the Elahi Yoga Teacher Training program.

B. I clearly understand that all sales are final and there are no refunds.

C. I agree to give Elahi Yoga permission to use photographs of myself for any Elahi Yoga promotional materials. I understand that I will not be identified by name, nor will any compensation be extended for such use.

Parent /Guardian Signature _____