



Blue Moon

YOGA & FITNESS

Welcome to Blue Moon Yoga and Fitness studio!

New Student Information

Date _____

Full Name _____

How did you hear about us? _____

Full time resident (circle) **YES NO**

Local Address (city state zip) _____

Other Address (city state zip) _____

Email _____ circle **YES / NO** to be on our
informative mailing list for updates, events and newsletter!

M# _____ **H#** _____

W# _____

Birthday _____

Emergency Contact (name, relationship & phone) _____

Medical History (Please list all health impairments, injuries, surgeries)

Yoga History (If new to yoga what are your interests, concerns or questions. If you practice, please share how long & type of yoga practicing.)

