

Greece Yoga Retreat Registration

May 24th – May 31st 2015 at Yoga on Crete, Chora Sfakion, Crete, Greece
with Sarah Baumert and Cat Murcek

Dear Student:

Please complete these forms so we may review them before your visit allowing us to properly assess your personal needs. To secure your place in the retreat we will require a \$250 holding deposit by either check, debit or credit card. Checks can be made out to Sarah Baumert and mailed to the address below. Payments by debit or credit card can be done using paypal or square, or in person with Sarah. If you have any questions please feel free to ask Sarah or Cat. There will be a 3% processing fee for all debit/credit card transactions.

PLEASE RETURN FORMS WITH PAYMENT TO:

Sarah Baumert
2095 Carroll Ave
St Paul, MN 55104

Tuition including all yoga classes

Please Check which payment you will be making today:

- _____ \$250 Holding deposit (you will be invoiced for the remaining amount)
- _____ \$1295 Early Bird Discount Paid in full (before March 15th)
- _____ \$1395 Regular Price Paid in full (after March 15th)

Cancellation policy: Refunds are available minus \$250 processing fee by April 31st.

Private rooms are available in a nearby hotel for and additional cost (~\$300 extra)

General Contact Information

Name: _____

Email address: _____

Street address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Age: _____

Have you done yoga before?

If “yes” please elaborate type and amount of time practiced, and if you have taken class with Sarah or with Cat:

Emergency Contact:

Name/Relation: _____ Phone: _____

Address: _____

General Health Information:

Please check all conditions that apply:

Diabetes___ Hypoglycemia___ Chronic Headaches___ Migraines___ Low Blood Pressure___
High Blood Pressure___ Ulcers___ Epilepsy___ Arthritis___ Rheumatoid Arthritis___ Varicose
Veins___ Asthma___ Hypertension___ Hernia___ Herniated/Bulging Disc/ location

Sciatica___ Scoliosis/ location_____
Digestive Disorders_____
Immune Disorder___ Heart Disease___ Pregnancy/ if yes list trimester_____
Fibromyalgia___ Contact Lenses___ Chronic Back Pain/ location___ Allergies (food/meds/please
list)___

Acute Pain/Discomfort:

Other:

Explanation of any sensitivities, disorders, or pain:

Any recent or past accidents or injuries? If yes, please explain how the accident or injury has affected your body:

Any other health information or concerns that I should be aware of?

Please consult your doctor before starting yoga if you have undergone any form of surgery or are under heavy medication

STUDENT WAIVER AGREEMENT

I _____ (print name) understand that the yoga method includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Sarah Baumert and/or Cat Murcek.

Print name of student _____

Signature of student _____

Date _____