



Green Mountain Yoga Membership Programs

Client Name: _____

Because we are committed to making a difference for you in your life and we want it to be as easy as possible for you to create a consistent yoga practice for yourself, we have create three amazing monthly programs that will do just that.

Hassle-free * Convenient * Automatic

I am choosing the following program:

- Abundance (unlimited each month)
- Transcend (8 classes/month)
- Balance (4 classes/month)

My recurring payment will be charged on the 1st of every month. The first month will be prorated to reflect the purchase date.

I understand that I will be automatically charged each month via the credit or debit card I supplied to GMY when signing up. I also understand that Green Mountain Yoga has taken every step possible to secure my payment information in such a way that my privacy is protected.

Credit Card Number: _____

Expiration Date: _____ CCV: _____

My Billing Address is:

I also understand that by choosing the above recurring program I am receiving a discounted rate for training and that this rate is guaranteed for up to 12 months from the date below. I can cancel at any time with 30 days written notice.

I have read the above and fully understand it. I voluntarily agree to the terms and conditions stated above.

DATE

SIGNATURE OF CLIENT

ॐ Please take a moment to answer the following question so we can help you through the practice of yoga. **What is your number one objective for your yoga training in the next six months?**

Thank You! Namaste. ॐ



CLIENT INFORMATION FORM

Welcome to GREEN MOUNTAIN YOGA!! Through practicing yoga, it is our goal to empower you and take control of your physical health and overall well being. To assist your instructor in developing a program aligned with your health and fitness goals, please take a few minutes to answer the questions below.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE #: _____ BIRTH DATE: _____

E-MAIL: _____

Do you:



**For internal use only. Your information will not be shared with anyone else.*

1. What specific fitness and wellness areas would you like to work on through the practice of yoga?

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Increase flexibility | <input type="checkbox"/> Depression/anxiety | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Strength |
| <input type="checkbox"/> Increase daily energy levels | <input type="checkbox"/> Diabetic health | <input type="checkbox"/> Increase metabolism | <input type="checkbox"/> Physical |
| <input type="checkbox"/> Sense of calm and balance | <input type="checkbox"/> Immunity | <input type="checkbox"/> Improve endurance | <input type="checkbox"/> Mental |
| <input type="checkbox"/> Improve your moods | <input type="checkbox"/> Sleep | <input type="checkbox"/> Concentration/memory | <input type="checkbox"/> Emotional |
| <input type="checkbox"/> Reduce stress | <input type="checkbox"/> Sciatica | <input type="checkbox"/> Positive outlook on life | <input type="checkbox"/> Core |
| <input type="checkbox"/> Decrease pain | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Improve posture | <input type="checkbox"/> Heal Injuries |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Menopausal symptoms | <input type="checkbox"/> Relaxation | <input type="checkbox"/> Heart Health |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Balanced workout | <input type="checkbox"/> Other _____ | |

2. List your current and previous activities/sports (yoga experience).

3. Describe your overall physical condition.

___ Excellent ___ Good ___ Poor

4. Describe your physical history, including accidents, injuries, illnesses, chronic pain, surgeries, pregnancies and significant medical treatments. Place a check mark by the body parts involved, specifying (L) left or (R) right if applicable.

- | | | | |
|--------------|-----------------|----------------|----------------|
| ___ Head | ___ Arm/Hand | ___ Lower Back | ___ Hip/Pelvis |
| ___ Neck | ___ Upper Back | ___ Ribs | ___ Knee |
| ___ Shoulder | ___ Middle Back | ___ Abdomen | ___ Ankle/Foot |

5. How did you find out about GREEN MOUNTAIN YOGA? (Please include the name of referring person, publication, doctor, massage therapist, or website location).

