



Blue Buddha Yoga New Student Form

Colleen Millen, E-RYT, 925-487-4592, info@bluebuddhayoga.com

First and Last Name _____ Date _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

E-Mail Address _____

Occupation _____

How did you find us? (check one) Previous Class Flyer Friend Internet
 MamasteYoga.com Forrestryoga.com Other _____

Emergency contact

Name _____ Phone _____ Relationship _____

Please let me know anything physical and/or mental that is going on for you. Also, if you are on any medication, please list below and for what reason you are taking the medication.

Have you done yoga before? _____ For how long? _____

Which style or type (if known)

I have read, understood and signed Blue Buddha Yoga and Colleen Millen's AGREEMENT OF RELEASE and WAIVER OF LIABILITY (Initial here): _____
