

Circus Yoga/AcroYoga **Registration**

Name: _____

Age and Birth Date: _____

Address: _____

Phone: _____ **Email:** _____

Emergency Contact: _____

SPECIAL CONCERNS:

Has student ever had any serious injuries (e.g. broken bones) or surgery? If YES, please describe injury and when it happened.

Is student taking any medication? If YES, please list medication(s).

**TUITION: \$75 for 3 session program
\$30 for single class**

Please make check payable to: **Jennifer Brilliant Yoga**

Mail to or drop off: Jennifer Brilliant
732A Carroll Street
Brooklyn, NY 112125