



# PILATES YOGA RETREAT REGISTRATION FORM

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Emergency contact phone:** \_\_\_\_\_

Please describe your level of Yoga experience:

Please describe your level of Pilates experience:

How would you describe your level of fitness in general?

Do you have any dietary restrictions?

Please list any injuries that you may have or medications you are taking.

So that we can better serve you, what are your goals for this retreat?

Do you have a retreat buddy you would like to share a room with?

How did you hear about us?

Is there anything else you would like to tell us?

**Waiver:** I understand and assume that the risk of injury is inherent in any form of exercise. I assume complete responsibility for my health. I will notify my instructor if I feel uncomfortable with an exercise. I will not perform exercises beyond my ability. Jennifer DeLuca, Jane DoCampo, OM yoga Center and BodyTonic, Inc. are not responsible for these risks or for any personal property. I understand that payments made for this retreat are non-refundable.

**Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete this form and return to Jennifer DeLuca via email, mail or at the BodyTonic studio  
jennifer@body-tonic.com ■ 150 Fifth Avenue, Brooklyn, NY 11217