

SCHOOL OF YOGA TEACHING  
STUDENT REGISTRATION FORM

**SKM Yoga Form continued...**

**Release of CLIENT Photographs**

I hereby certify the foregoing information to be true, correct and complete.

Name (please print): \_\_\_\_\_

Signature:

Date:

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_

Form accepted \_\_\_\_\_

Kit dispatched

Director's Signature:

**FORMS COMPLETED, SIGNED AND RETURNED**

- Reports Submitted
- Bmi calculation
- Kit Dispatched
- Senior therapist R.
- Review taken

- Meditation Required
- Pranayam Required
- Acupressure Required
- Diet Required

