



## 2014 – New Student Registration Form©

Who referred you \_\_\_\_\_

NAME \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ AGE \_\_\_\_\_

PHONE \_\_\_\_\_ Have You Done Yoga Before? \_\_\_\_\_

Do you currently have any injuries? Yes [ ] No [ ]

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have any medical conditions? (E.g. high blood pressure) Yes [ ] No [ ]

If yes, please explain: (list medications) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Why are you taking a yoga class?

[ ] Relieve stress

[ ] Relaxation (body/mind)

[ ] To enhance the mind-body link

[ ] Rehab and injury

[ ] My doctor suggested yoga

[ ] Personal enjoyment

[ ] Spiritual development

[ ] Increase flexibility

[ ] Increase strength

[ ] Breath awareness

[ ] Other

### PLEASE READ & SIGN

I take full responsibility for my voluntary participation in this yoga class. I agree to be gentle and to work at my own capacity. I release the instructor from liability resulting from any injury or discomfort from my attendance and participation.

Signature \_\_\_\_\_ Date \_\_\_\_\_

PLEASE FILL OUT BEFORE YOUR FIRST CLASS