



2017-18 – New Student Registration Form©

Who referred you _____

NAME _____ Date _____

ADDRESS _____

CITY _____ ZIP CODE _____

EMAIL _____ AGE _____

PHONE _____ (can we use this for texting?)

Have you Done Yoga Before? _____ Are you pregnant? _____ Trimester _____

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