



2024 – New Student Online 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?

- | | |
|--|--|
| <input type="checkbox"/> Relieve stress | <input type="checkbox"/> Spiritual development |
| <input type="checkbox"/> Relaxation (body/mind) | <input type="checkbox"/> Increase flexibility |
| <input type="checkbox"/> To enhance the mind-body link | <input type="checkbox"/> Increase strength |
| <input type="checkbox"/> Rehab and injury | <input type="checkbox"/> Breath awareness |
| <input type="checkbox"/> My doctor suggested yoga | <input type="checkbox"/> Other |
| <input type="checkbox"/> Personal enjoyment | |

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