



Yoga Registration Form

DATE _____
LAST NAME _____ FIRST NAME _____ MI _____
DATE OF BIRTH _____ GENDER: F ___ M ___

HAVE YOU EVER DONE YOGA? YES ___ DATE _____ NO ___
PRIMARY REASON FOR INTEREST IN CLASS? _____
HOW DID YOU HEAR ABOUT OUR PROGRAM? _____
DO YOU HAVE ANY AREAS OF PAIN, TENSION OR PROBLEMS? _____

WHAT IS YOUR OCCUPATION? _____
DO YOU EXERCISE REGULARLY? YES _____ NO _____ TYPE OF EXERCISE _____

ARE YOU UNDER A DOCTOR, CHIROPRACTOR OR OTHER HEALTH PRACTITIONER'S CARE?
YES _____ NO _____
IF YES, PLEASE DESCRIBE _____
PHYSICIAN'S NAME _____
ARE YOU TAKING ANY MEDICATIONS YES _____ NO _____
IF YES, PLEASE LIST _____

HAVE YOU BEEN IN AN ACCIDENT OR SUFFERED INJURIES IN THE PAST TWO YEARS?
YES _____ NO _____
ARE YOU PREGNANT OR NURSING? YES _____ NO _____

PLEASE DESCRIBE ANY CONDITION THAT WOULD PRECLUDE YOU FROM
PERFORMING THE EXERCISES: _____

IN CASE OF AN EMERGENCY, PLEASE NOTIFY:
NAME: _____ PHONE # _____

I understand that the Yoga Instructor does not diagnose illness, disease, or any physical disorder. The Yoga instructor does not prescribe treatment or medications or perform spinal manipulation. Yoga is not a substitute for medical examination or diagnosis. I have, to the best of my knowledge, stated all of my known medical conditions. I take it upon myself to keep the instructor updated on my physical health. I understand that any illicit or sexually suggestive remarks/advances made by me will result in immediate termination of the session. I will be liable for payment of the scheduled appointment.

CLIENT SIGNATURE _____ DATE _____
PRACTITIONER SIGNATURE _____ DATE _____

* Consent to treatment of Minor, by my signature, I hereby authorize the instructor to administer Yoga Instructor to my child or dependent as they deem necessary.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____