

YOGA CLASS REGISTRATION FORM

Tell Us About Yourself

Today's Date _____

Name _____ Birthday _____

Street _____ City _____ Zip _____

Best Phone # _____ Email _____

Area(s) of Tension _____

Do you exercise? _____ How often? _____

Type of exercise _____ Other Activities _____

Occupation/Primary Activities _____

Yoga Goals

Have you done yoga before? Y N Style _____ How long practicing? _____

What are your expectations of practicing yoga? (ie: relaxation, stress reduction, flexibility, other):

Your Overall Health

List any medications you are currently taking, including prescriptions, vitamins, and herbs

Do You Have... (Please provide details if yes to any)

Any swelling, pain, tenderness,
numbness or tingling?

Any recent surgeries (< 3 months)

High Blood Pressure, Heart
Condition, Diabetes or Cancer?

A hip or knee Replacement?

Do you have any injuries or other health concerns that we should be aware of:

Would you like to receive emails from Neponset Valley Yoga? (circle all that apply)

Weekly Poem

Monthly Newsletter

Upcoming Events

No thanks

YOGA CLASS REGISTRATION FORM

General Release

The following information will help you get the most out of your yoga classes.

Please read carefully and sign below.

Awareness is fundamental to the practice of Yoga. It is your responsibility as a student to monitor each activity and determine whether it's appropriate for you to participate.

You are primarily responsible for your safety and well-being.

The following guidelines will help you to practice yoga safely and minimize any chance of injuring yourself.

Listen and follow the teacher's instructions carefully;

Breathe smoothly and continuously as you move and stretch;

Do not hold your breath or strain to attain any postures or stretches;

Work gently, respecting your body's abilities and limits;

Don't perform postures or movements that are painful;

Ask the teacher if you're unsure how to perform certain movement;

By signing below, you assume all risk of injury that may occur as a student in our yoga classes, both while attending classes and following instruction at home.

I agree that all information provided is accurate and representative of my overall state of health and affirm that I am not under any restrictions by my doctor. I will inform Neponset Valley Yoga & Massage immediately in the event of a change in my health.

Signature _____ Date _____