



## *heartwood yoga student registration & release form*

Name \_\_\_\_\_ Phone (Day) \_\_\_\_\_ (Eve) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Email address \_\_\_\_\_

Would you like to receive occasional email schedule and workshop updates? \_\_\_ Yes \_\_\_ No \_\_\_

Do you have prior yoga experience? Yes \_\_\_ No \_\_\_ for how long? \_\_\_\_\_ currently practicing? Yes \_\_\_ No \_\_\_

If you practiced in the past; ho long ago? \_\_\_ and for how long? \_\_\_ Comments about your current or past practice (Style, frequency, prior teacher(s), etc.) \_\_\_\_\_

What do you hope to gain through the practice of yoga? \_\_\_\_\_

How did you hear about us? (Please provide name if possible) \_\_\_\_\_

### **Do any of the following apply to you?**

<b>Head &amp; Neck</b>	<b>Digestive</b>	<b>Endocrine</b>
<input type="checkbox"/> Tension headaches	<input type="checkbox"/> Constipation/diarrhea	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Migraine headaches	<input type="checkbox"/> Ulcer/Colitis/IBS/IBD	<input type="checkbox"/> Thyroid
<input type="checkbox"/> TMJ dysfunction	<b>Have you been treated for...</b>	<b>Nervous System</b>
<input type="checkbox"/> Sinus condition	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Difficulty relaxing
<b>Musculoskeletal</b>	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Emotional extremes
<input type="checkbox"/> Muscle spasm/strain	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Fatigue/sleep disorders
<input type="checkbox"/> Muscle/joint pain	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Psychiatric history
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Stroke/CVA	<b>Cardiovascular</b>
<input type="checkbox"/> Low back pain	<input type="checkbox"/> Cancer/lymphoma	<input type="checkbox"/> Heart disease _____
<input type="checkbox"/> Numbness - tingling	<input type="checkbox"/> Thyroid Condition	<input type="checkbox"/> Elevated blood pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hernia	<input type="checkbox"/> Swelling - feet/ankles
<input type="checkbox"/> Herniated Disk(s)	<input type="checkbox"/> Recent Surgery (last 6 mo.)	<input type="checkbox"/> Arteriosclerosis
<b>Genito/urinary</b>	<b>Respiratory</b>	<b>Eyes</b>
<input type="checkbox"/> Pregnant ___ weeks	<input type="checkbox"/> Asthma/bronchitis	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Menopause	<input type="checkbox"/> Easily out of breath	<input type="checkbox"/> Detached retina

Other medical conditions \_\_\_\_\_

Are you currently being treated for any of these conditions? \_\_\_\_\_

By whom? Please specify name(s) of practitioner(s) \_\_\_\_\_

If we feel the need, may we contact her/him to consult about your yoga practice? \_\_ Yes \_\_ No

Comments: \_\_\_\_\_

Please list any prescribed medication you are taking on a regular basis, its purpose and how it affects you.

\_\_\_\_\_  
\_\_\_\_\_

Are you aware of any other reason you should limit physical activity? (i.e. other medication or conditions)

\_\_ Yes \_\_ No Comment \_\_\_\_\_

Emergency contact: \_\_\_\_\_ His or her phone \_\_\_\_\_

**Are you interested in any of the following workshops?**

- Yoga and sleep
- Developing a home practice
- Yoga for lower backs & hips
- Breath/Energy work
- Meditation/Relaxation
- Yoga for neck & shoulders
- Yoga Sutras - Philosophy
- Other \_\_\_\_\_
- Other \_\_\_\_\_

***the fine print...***



Yoga classes at *heartwood yoga & body centered therapies* are designed for individuals who are in generally good health. If you have concerns as to whether yoga is an appropriate form of exercise for you, or if you are currently under the care of a physician, please speak with an instructor. Yoga and yoga therapy are designed to be an integral part of a total wellness program and not intended to take the place of care provided by a doctor. Information exchanged during classes or therapy sessions is intended to be educational in nature and offered in the spirit of helping individuals become more familiar with and conscious of their own health.

In consideration of *heartwood yoga & body centered therapies* accepting my application for participation in their yoga program I release *heartwood, inc.*, its directors, officers, and agents from all actions caused or arising out of my participation in these classes notwithstanding that the same may have been contributed to or occasioned by negligence of the releasees. I also acknowledge and understand that a risk of personal injury may be involved in any exercise program. I therefore agree to follow instructions carefully.

Also, I understand and accept that in order to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. *heartwood yoga & body centered therapies* undertakes to ensure that such contact is always applied in a professional manner and as required for yoga instruction and correction. I consent to such contact as is considered necessary by the instructor or will accept responsibility for notifying the instructor(s) of my concerns about such physical contact prior to practicing at *heartwood yoga*.

I have read and understand the above statement.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_