

BEGINNER YOGA REGISTRATION AND HEALTH INTAKE

Who Are You?

Today's Date _____

Name _____ Birthday _____

Address _____ City _____ Zip _____

Best Phone # _____ Email _____

Emergency Contact _____ Phone _____

Tell Me About Yourself

Area(s) of Tension _____

Do you exercise? _____ How often? _____

Type of exercise _____ Other Activities _____

Avg.# hours sleep /night 8 + 7 6 5 4 3 or less Do you wake during the night? Y N

Do you feel rested in the morning? Y N Are you often tired in the afternoon? Y N

Occupation/Primary Activities _____

What Do You Want to Get from Yoga?

Have you ever done yoga before? (cd, class a long time ago, etc.) Y N

What are your expectations of the Beginner Yoga Series? (ie: relaxation, stress reduction, flexibility, other):

How You Got Here

How did you hear about Neponset Valley Yoga?

Advertisement (where) _____ Mailer _____

Another Student (name) _____ Other _____

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

Weekly Sharing Newsletter

Upcoming Events No thanks

Completed Registration and Payment is required in full before 1st class/session

Please remit cash or check made payable to Neponset Valley Yoga

REGISTRATION AND HEALTH INTAKE FORM

Tell Me About Your Medical History – Current and Past

List any medications you are currently taking, including prescription, vitamins, herbs

General Signs and Symptoms **N** **Y** **Where**

Any swelling or tendency to swell?	N	Y	Where
Any sites of pain/tenderness?			
Any sites of numbness?			
Any sites of infection?			

*If you have ever had any of the following please check **P** for “Past” or **C** for “Current”*

	C	P	Medical Condition		C	P	Medical Condition
			Addiction to drugs/alcohol				Thyroid/Endocrine problem
			Hearing Loss				Colitis
			Anxiety Disorder				Urinary Disease
			Heart Trouble				Diabetes
			HIV/AIDS				Therapy/counseling
			Hernia				Depression
			Allergies				Tuberculosis
			Hypertension				Digestive Problems
			Arthritis				Eating Disorder
			Hypoglycemia				Epilepsy
			Asthma				Emphysema
			Orthopedic Problems				Headaches
			Back Pain				Glaucoma
			Respiratory Problems				Gastritis/Ulcer
			Cancer				PMS/Irregular Periods
			Sleep Disorders				Menopausal Symptoms
			Candida				Hot Flashes
			Suicidal thoughts				Irritability
			Chronic fatigue Syndrome				Mood Swings
			Surgery (recent)				Other Health Issues
			Chronic Pain/Fibromyalgia				

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 immediately in the event of a change in my health.

Signature _____ Date _____

PROFESSIONAL DISCLOSURE AND GENERAL RELEASE

I am delighted to have you as a Yoga student. The following information will help you get the most out of your yoga classes and clarify my role as a Yoga teacher. Please read carefully and sign below.

I am a certified Kripalu Yoga teacher and have completed a thorough professional training in Yoga instruction. Kripalu Yoga is more than physical exercise, it's a transformational practice that integrates the mind, body and spirit. Kripalu Yoga is a way of encountering and releasing physical, mental and emotional tensions to arrive at deeper levels of relaxation and awareness.

All exercise programs involve a risk of injury. By choosing to participate in my Yoga classes, you voluntarily assume a certain risk of injury. The following guidelines will help you reduce your risk of injury.

Listen and follow my instructions carefully

Breathe smoothly and continuously as you move and stretch

Do not hold your breath or strain to attain any positions

Work gently, respecting your body's abilities and limits

Don't perform postures or movements that are painful

Ask me if you're unsure how to perform certain movement

Menstruating women should not practice inverted postures

Pregnant women must consult their health care provider prior to enrolling in class

It is always advisable to consult your physician before embarking on any exercise regimen. I will provide you with a health information form for you to complete and return to me. You agree to inform me of any health conditions that could affect your practice of yoga. If you're unsure about a condition, please speak to me.

Awareness is fundamental to the practice of Kripalu Yoga. It is your responsibility as a student to monitor each activity and determine whether it's appropriate for you to participate. Though I am your teacher, you remain primarily responsible for your safety and well-being.

The undersigned assumes all risk of damage or injury that may occur as a student in my Yoga classes, both while attending classes and following instruction at home. In consideration of being accepted as a Yoga student, the undersigned releases and discharges Neponset Valley Yoga and Robin Lamperti from any and all claims, demands, and actions of any nature, whether present or future, anticipated or unanticipated, known or unknown, that result from the undersigned's participation in Yoga classes or practice of Yoga outside the class.

I have read, understand and agree to the content of this Professional Disclosure Form and General Release.

Signature _____ Date _____