



Yoga Student Information Form



Name: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Alternate Phone: _____

Email: _____ Occupation: _____

What is the best way to contact you: mail _____ phone _____ email _____

Date of Birth: _____ Emergency Contact: _____ Phone: _____

Please list any previous experience with yoga and your current (if any) fitness program:

Please check the word that best describes the current state of your health:

___ Poor ___ Average ___ Good ___ Great

Are you or have you been treated for the following medical conditions:

___ High blood pressure ___ Cancer ___ Glaucoma ___ Diabetes ___ Chronic pain

___ Heart Conditions ___ Back/Neck Problems ___ Hyper/Hypo Thyroid (circle one)

___ Other Joint Conditions ___ Anxiety ___ Depression ___ Bipolar Disorder

Please use this space to explain current management of any condition that has been checked:

What are your main reasons for attending yoga class?

Please ask any questions or voice any concerns that you have about participating in yoga classes:

I _____ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly. Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release the instructor, Alden Caldwell, from any liability. I have been advised to consult my physician before embarking on this or any exercise plan.

Signature of student

Date