



NEW YOGA STUDENT FORM

First & Last Name: _____ Birthday: ____/____/____
month/ day

Address: _____

Phone # _____ Cell #: _____

E-mail: _____ Do you want to add your name to our student list for studio offerings and class information? Yes No

Emergency Contact Name: _____ & Contact #: _____

Level of Yoga Experience:

- Never Taken a Class before
- Beginner (taken a few classes)
- Advanced Beginner
- Intermediate (fairly proficient understanding of basic postures & flow work)
- Well versed (attend yoga classes regularly)
 - How often do you practice?
 - What styles do you practice?
- Other Description (please feel free to comment as you see fit as it relates to your experience: _____)

What do you hope to gain from your yoga practice (circle all that apply)?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Strength | <input type="checkbox"/> Balance | <input type="checkbox"/> Flexibility | <input type="checkbox"/> Relaxation |
| <input type="checkbox"/> Overall well-being | <input type="checkbox"/> Stress Management | <input type="checkbox"/> Advanced Asana | <input type="checkbox"/> Meditation skills |
| <input type="checkbox"/> Concentration/Focus | <input type="checkbox"/> Improved Fitness | <input type="checkbox"/> Daily practice development | |
| Other: _____ | | | |

Do you have any injuries that I should be aware of (recent or in past)? _____

Have you been diagnosed with an illness or "dis-ease" that I should be aware of? _____

Are you currently taking any medications? If so, what? _____

It is very important that you inform me of any illness, dis-ease or limitation that you may have, so that I am able to provide a safe and enjoyable yoga practice for you and your fellow participants. Information on this form is kept confidential and is collected to provide support and safety during yoga practice.

By signing this form below, you are aware that yoga involves physical movements and breathe work that may not be suitable for everyone. You are encouraged to seek the advice of a health professional before beginning any new physical activity. Yoga is not a replacement for the care, medical attention, examination, diagnosis or treatment by your health professional.

I, _____, acknowledge and understand that yoga includes physical movements, (print name) as in the case of any physical activity, presents a potential risk for injury. If at any time I experience pain or discomfort, I will listen to my body and adjust the posture; or ask for assistance from Jo-Anne. I maintain full responsibility for my own safety during yoga practice.

Signature of Participant: _____ Date: _____
month / day / year