



## Student Registration Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address - Street \_\_\_\_\_

City \_\_\_\_\_

State Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Cellphone \_\_\_\_\_

Email Address (please print) \_\_\_\_\_

Profession \_\_\_\_\_

Birthday - Month/Day \_\_\_\_\_

How did you learn about this class or Svaroopa® yoga?

What would you like to get from taking a yoga class?

I am interested in \_\_\_\_\_ On line yoga classes \_\_\_\_\_ Studio yoga classes

I prefer a \_\_\_\_\_ day class \_\_\_\_\_ evening class \_\_\_\_\_ weekend class

I have the following health or medical conditions:

Check all that apply

\_\_\_ Fibromyalgia

\_\_\_ Asthma

\_\_\_ Migraines

\_\_\_ High Blood Pressure

\_\_\_ Pregnant - if so how long \_\_\_ Surgery (describe below)

\_\_\_ Organ Transplant

\_\_\_ Back Pain

\_\_\_ Bulging Discs

\_\_\_ Neck Pain

\_\_\_ Ruptured Discs

\_\_\_ Carpal Tunnel

Any other health or medical conditions:

When you experience changes in your health or physical condition, please make your instructor aware of this before class. Thank you, Maria Sichel, Time for You Yoga/401-305-5319/www.TimeForYouYoga.com



## Student Informed Consent and Release Form

I, \_\_\_\_\_ (PRINT NAME)

understand that yoga includes physical movement as well the opportunity for relaxation, stress reduction and relief of muscular tensions. As is the case with any physical activity, the risk of injury, even serious or disabling injury, is always present and can not be entirely eliminated. If I experience any pain or discomfort, I will LET MY TEACHER KNOW. I understand that I may choose to discontinue any pose or activity at any time.

Please let your teacher know if you experience pain during class - usually the teacher can prop you for more comfort and more effective release and if not, she can offer you a substitute pose.

I understand and accept that yoga is not a substitute for professional medical advice or treatment. If I have had an injury, surgery, or if I am pregnant I should get my doctor's approval to participate in this yoga program before doing so.

I understand that the practice of yoga not only involves physical effort but may also call upon my mental, emotional, and spiritual resources.

I understand that it is my responsibility to inform the teacher (at the beginning of every class I take) if I have any health condition, recent injury or other information that may affect my ability to participate fully in class.

- I recognize and accept that it is solely my responsibility to ensure that:
- I work at my own pace, not straining and resting when necessary.
- I do not engage in any activity that feels inappropriate.
- I am physically able to participate in yoga classes.
- I inform my teacher if I am pregnant or have any preexisting condition.
- There is no medical reason to prevent my participation in this class.
- I accept all responsibility for my well being once inside this property.

I have read and understand the above recommendations. I assume full responsibility during and after a yoga session to apply, at my own risk, any portion of the information or instruction that I receive. I hereby agree to release and waive any and all claims that I now have, or hereafter may have against Master Yoga Foundation, Svaroop® yoga, its teachers, Time for You Yoga and its teachers.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_