

Inner Light Yoga Center New Student Information

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Cell.Phone: _____ Date of Birth ____/____/____ Occupation _____

Emergency Contact: Name _____ # _____ Relationship _____

How did you hear about Inner Light Yoga Center? _____ If friend, who? _____

Have you practiced Yoga before? Yes No Type(s) _____

If Yes: How long have you been practicing? _____ How often do you practice? _____

What are your goals for practicing Yoga: _____

Please complete the following questions carefully. Yoga may be contraindicated if you have specific medical conditions/symptoms.

My overall state of health is _____

Are you currently experiencing: (please check all that apply and comment where appropriate)

- | | | |
|----------------------------------------------|------------------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Scoliosis |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Glaucoma or Detached Retina | <input type="checkbox"/> Migraines |
| <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Joint injuries, limitations, pain | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Disc problems in neck or back | <input type="checkbox"/> Pregnancy |
| <input type="checkbox"/> Fibromyalgia | <input type="checkbox"/> Pain in neck or back | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Chronic Fatigue | <input type="checkbox"/> Sciatic or radiating pain | <input type="checkbox"/> Cancer, type _____ |

Please provide details on any item checked above or list any other significant medical condition you may have. (Use back of page if more space is needed.)

Please list medications you are taking and for what reason: _____

Please list other medical issues, major operations, accidents, or injuries (car accidents, surgery, etc): _____

By signing below I understand and agree:

- 1.) That I take **full responsibility** for my body and my movements during Yoga Class, and I will not hold my Yoga teacher or Inner Light Yoga Center liable for personal injury arising from my participation in class.
- 2.) It is my responsibility to remind the Yoga teacher about my limitations and medical issues at the start of EVERY class.
- 3.) If I experience any pain or discomfort at any time during a class session, I will immediately ease out of the pose and inform the teacher so that the pose can be modified to meet my body's needs and limitations.
- 4.) I understand that **NO REFUNDS** will be given for Class Cards or for the Intro to Yoga Series after the first class.

Student signature: _____ Date: _____