

Blue Heron Yoga Class Registration

Name _____ age _____

Address _____

Phone # _____ (cell#) _____

email _____

Have you done yoga before? Yes No what style? _____

Please describe any limitations, including medications: _____

Are you being treated by a doctor for this currently? Yes No

What are your areas of concern? (circle or underline): Joints in general, feet, ankles, legs, hamstrings, knees, hips, low back, sciatica, mid back, abdomen, lungs, sinuses, ribs, chest, shoulders, upper back, wrists, hands, neck, breathing, vision, immune system, menstrual, menopause, arthritis, osteoporosis, thyroid, prostate, headaches, digestion, allergies, addiction, sleep, balance, anxiety, depression, memory, concentration,

Other _____

Current activities: Desk work, lifting, driving, golf, tennis, horseback riding, swimming, downhill skiing, x country skiing, snow shoeing, biking, snowmobiling, walking, hiking, running, boating, martial arts, team sports, birding, fishing, gardening, care giving, parenting, biking, laborer, student

Other: _____

Please read and sign: I am aware of and I understand that I am responsible for my well being during yoga class. I will practice at a pace comfortable to me and will not place myself at risk. I will not hold Dea Jacobson or this facility responsible for any injuries.

Signed: _____

Thank you for your help. I hope to provide you with a class experience that meets with your expectations.