

## YOGA CLASS ENROLLMENT FORM

Welcome to this Big Island Yoga Center class and thank you for filling out this form. We are asking for this information as a means of getting to know you better and in order to add you to our mailing list so that we can keep you informed of changes or additions to our program. We will not share your information with any other group.

NAME: (Please print) \_\_\_\_\_

Home Mailing address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Email address: \_\_\_\_\_

If from Off-Island, WOULD YOU LIKE TO RECEIVE OUR WORKSHOP ANNOUNCEMENTS? \_\_\_\_\_

Have you had any previous experience with Yoga? \_\_\_\_\_ If YES how much \_\_\_\_\_

& what kind? \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Other physical activities? \_\_\_\_\_

IT IS IMPORTANT THAT YOUR TEACHER(S) KNOW ABOUT YOUR HEALTH STATUS, SO PLEASE ANSWER THE FOLLOWING QUESTIONS THAT APPLY:

Do you have now, or have you had in the past: (PLEASE CHECK ANY THAT APPLY)

•High Blood Pressure \_\_\_\_\_ are you now on medication? \_\_\_\_\_

•Headaches (frequent) \_\_\_\_\_ •Heart problems \_\_\_\_\_ •Back pain, problems or injury \_\_\_\_\_

•Shoulder pain or injury \_\_\_\_\_ •Neck pain or injury \_\_\_\_\_ •Knee pain or injury \_\_\_\_\_

•Joint pain or injury \_\_\_\_\_ •Chronic inflammatory disorder (CFS, MS, Lupis, MFD, etc.) \_\_\_\_\_

•Eye problems (glaucoma, detached retina, etc.) \_\_\_\_\_ •Pregnancy \_\_\_\_\_

Any injuries or physical characteristics which may affect your flexibility or strength? \_\_\_\_\_

Please Describe any of the above \_\_\_\_\_

What is your primary motivation for taking this class? \_\_\_\_\_

How did you learn about the Big Island Yoga Center? \_\_\_\_\_

Your instructor will guide you in the proper postures and movements to avoid pain and injury. You, however, know your own body best and therefore you should monitor your own activities and refrain from movements which produce pain.

Please advise the teacher **at each class** you attend if you are menstruating or are pregnant, or have any of the above noted health concerns.

By signing this form you hereby accept this responsibility and hold your instructor harmless from liability in the event you become injured as a result of your participation in this class.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature