

Name: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Are you pregnant? No Yes: How many weeks? \_\_\_\_\_



NEW STUDENT REGISTRATION

Medical and physical conditions / concerns:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Emergency medications:

\_\_\_\_\_

Favorites:

\_\_\_\_\_

Triggers:

\_\_\_\_\_  
\_\_\_\_\_

If you are working with a PT, please provide a name and number in order to release information:

\_\_\_\_\_  
\_\_\_\_\_

Do you give permission to have your photo used for class -            yes            no

\_\_\_\_\_

It is YOUR RESPONSIBILITY to inform your teacher of injuries or special conditions that might affect your performance of even the simplest exercises, and to inform your teacher if you do not wish to receive hands-on assistance and support.

I, the undersigned, hereby acknowledge that the practice of yoga can involve the risk of physical injury to myself and/or to others practicing near me in class. In consideration of my participation in yoga classes, retreats and/or workshops offered at Santa Cruz Yoga, I accept and assume any and all responsibility for the risk of injury and damage to my person which might arise either directly or indirectly from my participation in Santa Cruz Yoga classes, workshops and/or retreats. I agree to hold Santa Cruz Yoga and my instructor free and harmless from any claim of injury, hurt or damage which may result from the risks involved, and I agree to indemnify him or her for any injury or damage which I may cause to others.

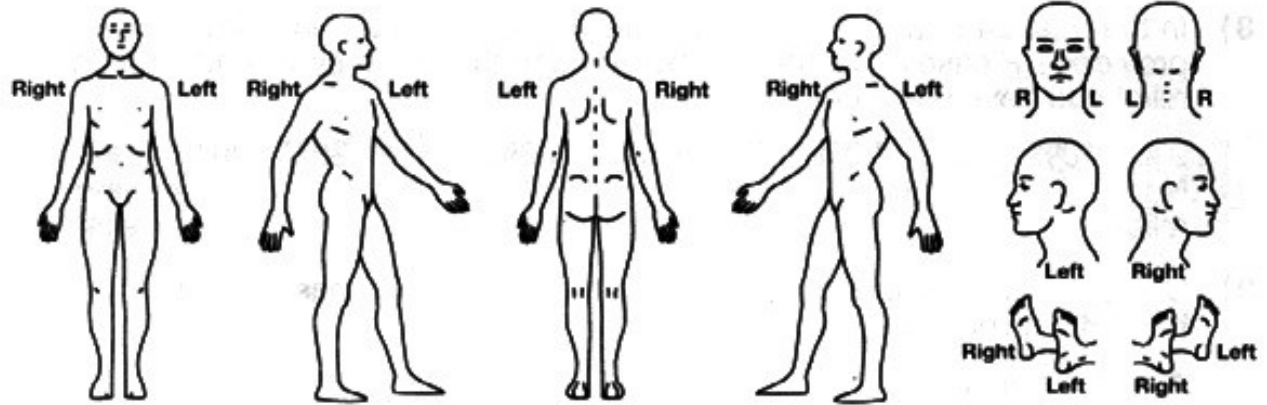
I have read and understand this Registration Form and Release of Liability and agree to its terms and conditions.

Signed: \_\_\_\_\_

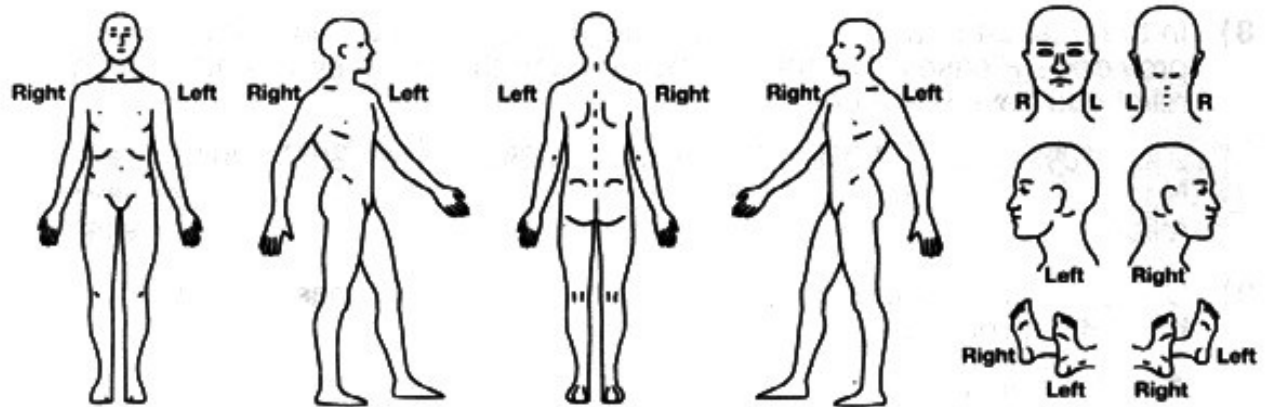
Date: \_\_\_\_\_

# Specific Areas of Concern:

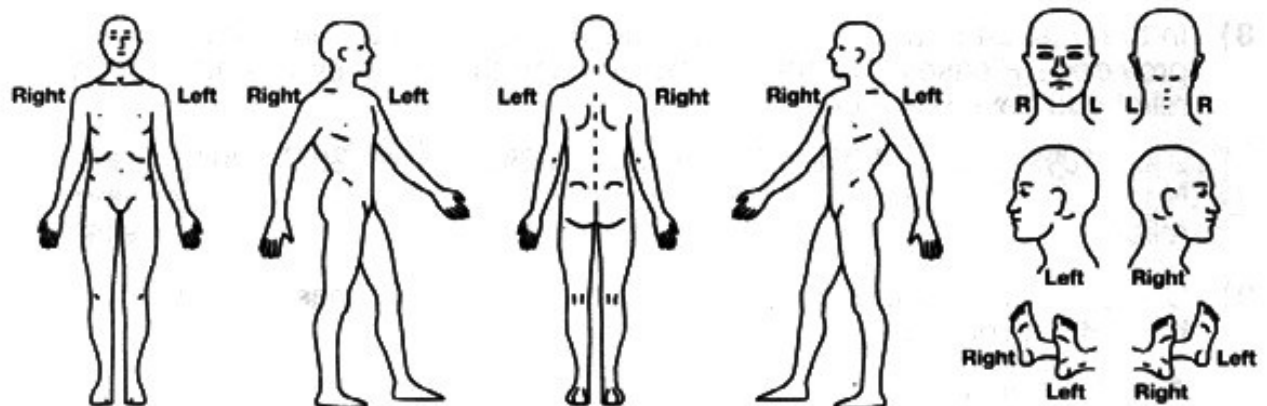
Week 1 -



Week 2 -

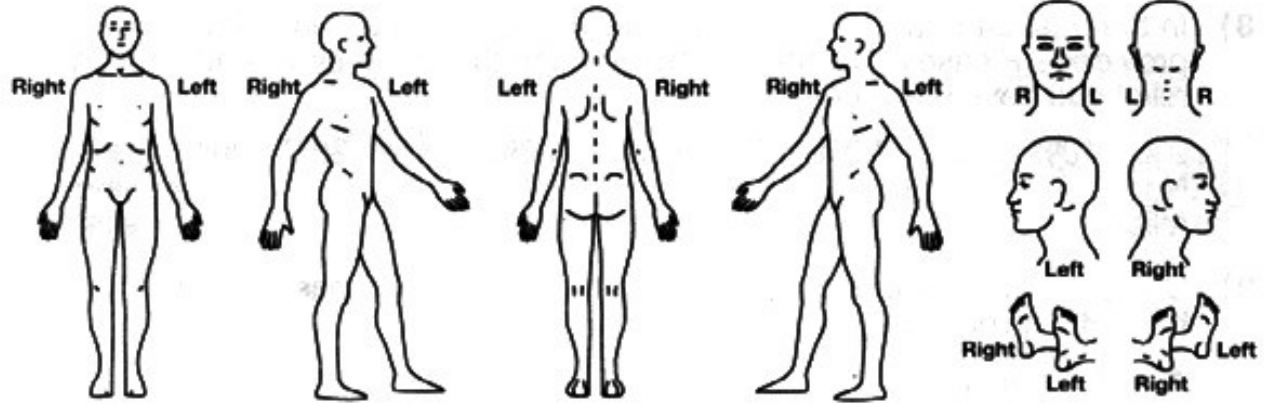


Week 3 -

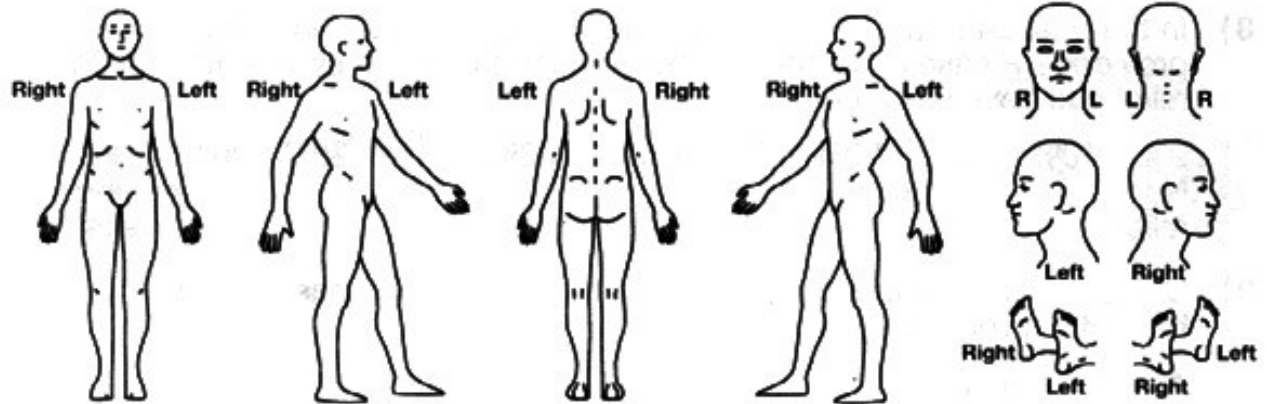


# Specific Areas of Concern:

Date -



Date -



Date -

