

Centerpeace Yoga and Wellness Registration Form

Name: _____ Date of Birth: ____/____/____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (C) _____ (W) _____

E-mail address: _____ Include on e-mail list? Yes / No

Emergency Contact: _____ Relationship: _____

Phone: (H) _____ (C) _____ (W) _____

*Our center offers a range of services.
Please give detail so we can inform you of special classes.*

Exercise experience:

Do you have a regular practice of yoga (studio or home)? If so, please list frequency and style:

Other forms of exercise and frequency:

Physical limitations and health conditions:

Please list any injuries, health conditions, or chronic pain:

Please list and applicable accidents or surgeries (dates if recent):

General needs:

Do you have any expectations of yoga?

Do you have any specific life challenges?

Is there anything else that you feel is important for your instructor to know about or to address in your yoga practice?

Yoga is an integrative movement and breathing practice. I understand the intention of the instructor and the facility is to inform, educate, guide and assist in my health and well-being. I understand that I am solely responsible for my health, safety and well-being. I agree to inform the teacher of any movement I cannot safely perform and will avoid movement that may be injurious. I hereby waive any and all claims against the instructor arising out of my actions during the instructions of such yoga practice.

Signed _____

Date _____

See reverse side