

NEW STUDENT REGISTRATION FORM

Welcome to Big Island Yoga Center. 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? _____ How much? _____

& what kind? _____ Date of Birth _____

Other physical activities? _____

IT IS IMPORTANT THAT YOUR TEACHERS KNOW ABOUT YOUR HEALTH STATUS. PLEASE ANSWER THE FOLLOWING QUESTIONS: Do you have now, or have you had in the past: (check any that apply)

- High Blood Pressure _____ Are you now on blood pressure medication? _____
- Low Blood Pressure _____ • Headaches (frequent) _____ • Heart problems _____
- Back pain, problems or injury _____ • Shoulder pain or injury _____ • Neck pain or injury _____
- Knee pain or injury _____ • Diagnosis of arthritis _____
- Chronic inflammatory disorder (CFS, MS, Lupus, etc.) _____ • **Are you pregnant?** _____
- Eye problems (glaucoma, detached retina, etc.) _____

Please describe any of the above & add anything you want us to know: _____

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