

Registration Form

This form is intended to provide *Scarborough Yoga Centre* with information about you, to ensure your safety in each class. Yoga is for all people regardless of age or health and classes are intended to be accessible to everyone. Providing us with the information listed below will assist us in providing you with the best class experience.

Student Information

Name _____ Date of Birth _____
 Address _____
 _____ Post Code _____
 Phone _____ Email _____

Family or Friend Contact Information (for emergencies)

Name _____ Phone _____
 Relationship _____

Intended Class

Astanga: Mysore Astanga Yoga: Led Class Astanga Yoga: Beginners' Course
 General Class General: Beginners' Course Moon/ Restorative Yoga
 Pre Natal Course Post Natal Course Yin Yoga
 Kids' Yoga Kids' and Parents' Yoga Yin Yang Yoga
 Vinyasa Flow Yoga Private Other

Medical Conditions (any personal information is treated as confidential)

Information about your health can help the teacher modify practices to suit your needs. Please provide details of any existing health conditions or any past injuries.

Please Note:

1. If you do have any significant pre-existing medical conditions or injuries, it is recommended that you should check with your doctor before undertaking physical yoga practices. Also, please discuss your condition and any special requirements you may have with your yoga teacher before commencing your course or class.
2. You must be comfortable and pain free throughout all yoga practices. Remain within your personal limitations. If you experience pain or discomfort in any of the practices - **STOP** - and seek advice from your teacher.
3. If you suffer any injury, illness, or conditions during the program please inform your teacher.

Interest and Motivation in the Course or Program: I am interested in doing this program/ course because:

I heard of this course or program through: _____

Previous Yoga Experience: (please give details of duration and system of yoga practiced)

Participant Declaration

- 1. I have read and understood the above form and completed the questions to the best of my ability.
- 2. I have declared (above) any current health conditions and/or those I have had in the past.
- 3. I understand that yoga teachers cannot give or provide medical advice about my fitness to undertake yoga classes but they will use the information I have provided as a guideline to the limitations of my ability for yoga activities.
- 4. I acknowledge that I have been advised to seek medical advice in relation to any health conditions that I have declared (above) and I agree to participate in this yoga program on my own undertaking and responsibility.

Signed _____

Date _____

Name _____