

# Yoga with Tara

**\*\*\* Please print and complete all information. \*\*\***

## REGISTRANT DETAILS:

Name: \_\_\_\_\_ Male / Female: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

## EMERGENCY CONTACT AND TELEPHONE NUMBER:

\_\_\_\_\_

Have you ever practiced yoga? YES / NO

If YES, how long? \_\_\_\_\_ Yoga Style Practiced? \_\_\_\_\_

### What are your reasons for practicing yoga?

- |  |  |
|--|--|
| <input type="checkbox"/> Stress Reduction  | <input type="checkbox"/> Weight Management |
| <input type="checkbox"/> Mental Clarity    | <input type="checkbox"/> Flexibility       |
| <input type="checkbox"/> Spiritual Growth  | <input type="checkbox"/> Strength          |
| <input type="checkbox"/> Overall Wellbeing | <input type="checkbox"/> Managing Illness  |
| <input type="checkbox"/> Confidence        | Specify: _____                             |
| <input type="checkbox"/> Other Reasons     |  |
| Specify: _____                             |  |

### Are you currently experiencing any of the following conditions?

- |   |  |
|---|--|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Low Blood Pressure                            |
| <input type="checkbox"/> High Blood Pressure          | <input type="checkbox"/> Muscular Injury                               |
| <input type="checkbox"/> Heart / Circulatory Problems | <input type="checkbox"/> Joint Injury (ankle, knee, hip, shoulder)     |
| <input type="checkbox"/> Neck / Back / Spine Injury   | <input type="checkbox"/> Recent Surgery                                |
| <input type="checkbox"/> Dizzy Spells / Fainting      | Specify: _____   |
| <input type="checkbox"/> Epilepsy / Seizures          | <input type="checkbox"/> Other Medical Condition / Injury / Disability |
| <input type="checkbox"/> Diabetes                     | Specify: _____   |
| <input type="checkbox"/> Pregnancy                    |  |
- \_\_\_\_\_

**If you are currently taking medication or have any serious allergies that should be made known to medical personnel in case of an emergency, please indicate:**

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**Waiver**

Asana (yoga posture) means *posture easily held*. If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during class. It is important in yoga that you listen to your body and respect its limits.

I, the undersigned, understand that yoga is not a substitute for medical attention, examination, diagnosis or treatment. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every yoga class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility is liable for any injury, or damages, to person or property, resulting from the taking of the class. **Those under 18 years of age must have this form signed by a parent or guardian.**

Name (Print)

Signature

Date

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Parent/Guardian (Print)

Signature

Date

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*"Yoga teaches us to cure what need not be endured and endure what cannot be cured." –B.K.S. Iyengar*