**New Student Form**

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| --- | --- |
| Name | Birth Date / / |
| Address |
| Phone  | Email  |
| Occupation |
| How did you hear about us? |

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| --- | --- |
| Current Health/FitnessExcellent / Good / Fair / Poor | Other activities involved in: |
| **Have you practiced yoga before**? What style? For how long? |
| **Why** do you want to practice yoga? |
| We suggest attending class 2-3 times per week. **How many times per week** can you make time to attend class?  |
| With the proper guidance, would you be able to practice what you learn at home? How often? |

Page 1 of 3

**Health History Questionnaire**. Do you NOW have or have you EVER HAD:

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| \_\_Back Pain\_\_Disc problems\_\_Sciatic nerve pain\_\_Joint Ache\_\_Joint Swelling\_\_Numbness\_\_Neck injuries\_\_Spine injuries\_\_Limited range of motion\_\_Broken bones\_\_Surgery\_\_Accident\_\_Joint replacementsIf you checked any of the above, please describe: | \_\_Anxiety\_\_Depression \_\_Nervous tension\_\_Vertigo \_\_Asthma \_\_Allergies\_\_Severe PMS\_\_Arthritis\_\_Diabetes\_\_Blood clots\_\_Tuberculosis\_\_Hepatitis\_\_Incontinence\_\_High blood pressure\_\_Are you pregnant?\_\_\_\_\_\_\_\_\_\_\_\_\_\_months\_\_Other: | \_\_Cancer\_\_Tumors\_\_Stroke\_\_Heart attack\_\_Scoliosis\_\_Osteoporosis\_\_Lupus\_\_HIV\_\_Multiple Sclerosis \_\_Parkinson’s\_\_Epilepsy\_\_Seizures **Attention:** Students with any of the imbalances listed in **this column** should schedule a private class. This is necessary because you will need one-on-one attention and participating in a group class is NOT an option. |

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| *I have stated all my previous and current known medical conditions. I take it upon myself to update my instructor regarding any changes to my condition. All exercise activities present a risk of injury to participants. I understand and accept that there is a risk of personal injury in this activity and I voluntarily assume that risk. I hereby release Sarah Yoga & Wellness and their respective officers, employees and agents from any liability arising out of personal injury sustained by me while participating in this program.* ***I understand that I will be asked to execute techniques that may involve strenuous physical activity and exertion on my part. I represent that I am not subject to any medical restrictions or condition, which would render such activity unreasonably dangerous to my health and hereby accept full responsibility for any injury that I may sustain.*** |
| Student name (please print clearly) |
| Student Signature (electronic signature OK) | Date |

Page 2 of 3

**Private Yoga Student Guidelines**

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| I understand that Sarah Yoga & Wellness, upholds the highest standards of care and professionalism.  **Yoga is NOT a substitute for medical treatments**, medical doctors, mental health doctors, mental health professionals, and services.  If you need medical or mental health professional services please see these professionals. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the following: * **I should attend Private Yoga Classes at least 2 times per week** in order to fully experience the benefits. If I choose to attend classes less frequently, that is my personal choice
* I am here to **LEARN** how to improve my Yoga practice. I mustcreate a disciplined and consistent Yoga practice **at home**
* I must let the teacher know if I experience any pain or discomfort during a session or while practicing at home so that my practice can be adjusted
* **All class packages have an expiration date**.  It is my responsibility to schedule all my sessions before the class expiration date
* All private Yoga treatments must be paid **14 days** in advance to reserve all scheduled appointments
* If I am not able to attend my appointment, **I must cancel 7 days in advance** or I will be charged the full cost of the session
* **I must be on time for every session**. If I am late, the session will still end at the scheduled time

**It is my responsibility ready for class with the following**:* Good internet connection
* Laptop or Tablet (phones are not ideal because the screen is too small)
* A quiet place to practice with my mat about 7-10 feet away from my computer
* Yoga mat, 2 blocks (4x6x9), 1 Yoga strap, 1 Yoga blanket
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Page 3 of 3