**New Student Form**

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

|  |  |
| --- | --- |
| Current Health/Fitness  Excellent / 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:

|  |  |  |
| --- | --- | --- |
| \_\_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 replacements  If 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. |

|  |  |
| --- | --- |
| *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**

|  |
| --- |
| 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 |

Page 3 of 3