** Registration for Yoga Immersions and Retreats**

***Softstone Yoga Therapy by Jennifer Lenders***

Registration is for which program/retreat/classes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your main health concern(s) currently?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip:\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your sharing of health information is confidential, and always optional. Providing information helps the yoga teacher to design classes that are helpful and healing to the participants.

1. Describe your favorite part of self-care activities, when you feel most alive and a sense of well-being:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you have or have you ever had any of the following physical/mental/emotional or energy imbalances\*\*? Describe below

Nervous system imbalances: (stress, mood, cognitive, \*anxiety or depression) yes no

Cardiovascular health concerns? (HBP, other heart related events) yes no Endocrine system imbalance? (hormone related balance or other) yes no

Respiratory health imbalance? (breathing difficulties, other) yes no

Digestive system imbalance? (hyper or hypo digestion) yes no

Musculo-skeletal concerns? (pain, stiffness, discomforts, trauma or surgeries) yes no See #3 below

Other health concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your energy level, and what activities give you more energy or deplete you?

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\*Describe significant stressors in your life\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*How long have you been aware of the condition?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What area of the physical body do you notice discomfort, distraction or concern?

neck yes no shoulders yes no

arms yes no abdomen yes no

back yes no legs yes no

other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please give details about your injury or pain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Do you know of any physical condition that you have that could be aggravated by exercising or exerting yourself? Yes no please explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Are you taking any medication which could cause a reaction during activity? yes no
3. If you are active, what do you currently do for physical activity? How many times per week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Do you have experience currently or in the past with any type of mind-body therapies such as yoga, Qi Gong, Tai Chi, dance therapy, music therapy, Reiki or other esoteric healing practices? Please circle.
5. What about yoga interests you the most? Please circle.

Balance/Flexibility Pranayama or Breathing Practices

Healing from Physical Discomfort or Imbalances Postures or Movement Practices

Calming the Mind/Emotions/Nervous System Meditation or Mindfulness

Self-Awareness, Reflection, Contemplative Practice Yoga Philosophy or Spiritual Growth

Cultivating a Self-Care Practice Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participation Waiver- Required

We believe that Yoga is more than physical exercise. It is a transformative practice that integrates body, mind and emotional tensions to arrive at deeper levels of relaxation and awareness. All exercise programs involve a risk of injury. By choosing to participate in Jennifer’s yoga classes, you voluntarily assume a certain risk of injury.

Awareness is fundamental to the practice of Yoga. By attending this class, I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_affirm that I am solely responsible for my health and well-being, as well as my decision to practice yoga, a program of physical exercise. I agree to inform my yoga instructor of any activities or movements, which I feel could cause injury to myself. I understand that yoga is not recommended or safe for individuals with certain medical conditions. I do not have any physical conditions or disability that would limit my participation or preclude an exercise program. Jennifer Lenders and other instructors shall not be held liable for any injury, loss or damage to property and/or persons sustained during or as a result of participation in this class. I agree to listen to my body and monitor myself during every class session.

**By putting your initials on the line below you are in agreement with terms**

**SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_**