

Yovana Yoga Registration Form

Name: _____

DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____@_____

Emergency Contact: Name _____ Number: _____

How did you hear about us? _____

Yoga Experience: Beginner _____ Some Yoga _____ Advanced _____

Any injuries, illness or current pregnancy we should know about? _____

What benefits of yoga do you hope to get out of your practice? Check all that apply

Improve Strength _____ Improve Balance _____ Improve Flexibility _____

Improve Posture _____ Reduce Stress _____ Promote Relaxation _____

Healthy Ageing _____ Improve Circulation _____ Improve Digestion _____

Reduce Pain _____ If so where? _____ Improve Overall Wellness _____

I, _____ (print name) understand that yoga includes physical movements. As with any activity, the risk of injury is always present. I acknowledge this risk and take full responsibility for my practice at Yovana Yoga. I acknowledge that Yovana Yoga and its officers, employees and agents shall not be liable for any claim, demand or loss of any kind resulting from my use of the facility or participation in any activity with Yovana Yoga officers, agents, or employees. I agree to hold Yovana Yoga harmless.

Signature: _____ Date: _____