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Enlightened Key Wellness Yoga Registration

What type of yoga do you wish to enroll in?		
Class:	Date:	Time:

***Please note, all information on this form is kept strictly confidential, and is required for your yoga instructor to effectively enlighten the experience.*

Name:	DOB:
Address:	Phone:
Email:	
Emergency Contact:	
Have you practiced yoga before?	If YES, for how long?

1. **What results are you looking for with Enlightened Key Wellness?**
2. **How did you hear about us?**
3. **Do you need to consult with a doctor before starting yoga?**
4. **Please list any Medical Issues, Numbness, Pain, or Injuries:**
5. **Please list any medication you are currently taking:**
6. **Do you have any medical specialist helping you with caring for your health?**

Disclosures:

Please talk with your healthcare provider before starting this class. A water bottle is recommended while attending sessions to avoid dehydration. Dress comfortably, while jeans are not recommended. Absolutely no refunds, DO NOT miss your class if it is pre-paid. A 24-hour email notice from your instructor will occur to any unforeseen class reschedules.

Declaration:

I should consult a physician prior to enrolling to practice yoga if there is any doubt. Otherwise, I assume all risk associated with my own physical wellbeing.

I 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. If at any time during the class, I feel discomfort or strain, I will gently come out of the posture and rejoin anytime during the class. I accept that neither the teachers, nor Enlightened Key Wellness, are liable for any injury, or damages, to person or property, resulting from taking the class or in the future and I use the premises at my own risk.

Name(Print):	Signature:	Date:
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Parent's/Guardians Signature if under 18 years of age: _____