



HARVEST YOGA
Balance and Harmony

REGISTRATION FORM

All information strictly confidential.

First Name	Last Name
Mobile	Email
Emergency Contact Name	Telephone
Address	Post Code
Date of Birth	Occupation
Have you done yoga before?	
If yes, what type and how long ago?	

Do you have a history that includes any of the following? (For Pregnancy Yoga students skip this part)

- | | | | | |
|--|---------------------------------------|-------------------------------------|---|---|
| <input type="checkbox"/> High blood pressure | <input type="checkbox"/> Back pain | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart conditions | <input type="checkbox"/> Low blood pressure |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Headaches | <input type="checkbox"/> Asthma | <input type="checkbox"/> Knee problems | <input type="checkbox"/> Anxiety |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Depression | <input type="checkbox"/> Other injuries | |

Please provide details. Are you taking any medications?
Is there anything else that is not included in the above that we should know?
Are there any movements that might cause you difficulty?

AGREEMENT

I acknowledge that Harvest Yoga provides classes requiring both physical and mental exertion on my behalf. I will at all times act within my own level of comfort, taking particular care of any injury that I have when participating. I acknowledge that yoga is a physical and dynamic practice that requires both mental and physical focus in order to avoid potential injury, and that injury and soreness are a risk in yoga classes. I will keep Harvest Yoga informed of my comfort levels and will immediately cease any activity if I feel uncomfortable. I acknowledge that Harvest Yoga is providing guidance based on the experience and education of its teachers, and in no way do they claim to be medical practitioners. It is my responsibility to decide whether or not to follow the advice and guidance given by Harvest Yoga, and in no way do I hold Harvest Yoga responsible for any injury or soreness acquired while undertaking the practice.
The information that I have provided is accurate and fully reveals the nature of my state of health.
In addition I undertake to inform Harvest Yoga of any changes to my health status.

I agree to the statements above.

Signed

Date