



registration form

today's date: _____

name: _____ date of birth: _____

address: _____

email address: _____ phone#: _____

emergency contact name & phone#: _____

occupation: _____

have you practiced yoga before? how long? what style of yoga?

what is your objective with your yoga practice?

please list any current/previous medical conditions (**note general guidelines below**):

please list any bone, joint, muscular illness/ injury (**note general guidelines below**):

please list any personal limitations (medical or other) not covered by this questionnaire which would restrict your participation (**note general guidelines below**):

please check your current level of stress & circle appropriate scale number:

____low (0, 1, 2)

____moderate/high (5, 6, 7)

____low/moderate (3, 4)

____high (8, 9, 10)

by signing below, i understand that yoga is a physical activity and accidents may happen. i therefore completely release from liability lotus yoga, llc, its teachers, and other students for any damages/injuries which may be sustained by me. i am also aware that it is my responsibility to check with my health care provider for medical clearance prior to and during my yoga practice as needed to insure my personal safety.

name signed

date

please tell us how you heard about us: ___family/friend ___web ___storefront

___ad/please specify: _____

___other/please specify: _____

****PLEASE PRINT, SIGN & RETURN BOTH PAGES (see below). THANK YOU****



general precautions

the precautions below are just general guidelines. the practice of yoga is about tuning into your own body and doing what is right for you from moment to moment, so please *listen to your body*!! some discomfort may be appropriate but sharp pain is a warning to stop or to adjust the posture. please check with your physician before beginning any exercise program.

Condition	contraindication
low back	avoid head/shoulder stand and forward folds <u>with straight knees</u> (knees should be bent); avoid jumping into/out of postures and backbends.
knees	avoid jumping into/out of postures, hyperflexing knees while bearing weight (i.e. hero and lotus postures) and some backbends (i.e. camel); provide extra padding (folded mat, towel, or blanket) as desired.
menstruation	congestion (uterine veins can stretch and partially collapse while uterine arteries pump blood into the uterus); avoid inversions.
hypertension, glaucoma, detached retina	avoid inverted postures (plow or head/shoulder stand), backbends, and breathe retention exercises.
cervical injuries	avoid head/shoulder stand and any posture that puts direct pressure on the neck.
elbows and wrists	avoid any posture that bears weight on the hands (drop to forearms as needed).
pregnancy	avoid twists and jumping into/out of postures; use strap for seated forward folds and modify supine and prone poses as needed; avoid balancing postures, backbends, and breathe retention exercises; modify inverted postures; be sure to discuss your practice with your physician.
cardiovascular issues	avoid prolonged standing postures, inverted postures, and backbends.
osteoporosis	avoid plow and head/shoulder stand.
hernia/abdominal issues	avoid twists and inverted postures; use extra care in the more demanding supine and prone postures as well as balancing postures, especially after abdominal surgery.

note: the posture legs-up-the-wall is an appropriate modification for those who should avoid inversions.

*adapted from: "mind-body yoga certification manual & study guide", international alliance for fitness professionals.

i have read, and i understand the precautions necessary to practice yoga safely. i am responsible for my own safety in the practice of yoga and other forms of fitness activities.

name signed _____

date _____