



YOGA/PILATES CLASS REGISTRATION FORM

Name:

Address:

Phone nr:

Email:

Emergency contact Name and number:

Have you practiced Yoga/Pilates before?

YES

NO

If yes, for how long?

Do you have any limitations / injuries?

Do you have numbness/pain in (put an X next to all that apply):

Neck

Shoulders

Elbows

Hands

Wrists

Hips

Lower back

Upper back

Knees

Ankles

Feet

Thighs

Other (please note)

Waiver

If at any time during the class, you feel discomfort or strain, gently come out of the posture. You may rest at any time during the class. It is important that you listen to your body, and respect its limits on any given day.

I, the undersigned, understand that Yoga or Pilates is not a substitute for medical attention, examination, diagnosis, or treatment. I should consult a physician prior to beginning any activity program. I recognize that it is my responsibility to notify my teacher of any serious illness or injury before every class. I will not perform any postures to the extent of strain or pain.

I accept that neither the instructor, nor the hosting facility, is liable for any injury, or damages, to person or property, resulting from the taking of the class. Those under 18 years of age must have this form signed by a parent or guardian.

Name (Print)

Signature

Date

Parent/Guardian

Signature

Date

Would you like to be added to the weekly schedule email and the occasional newsletter? Please tick

Please note, all the information on this form is kept confidential.