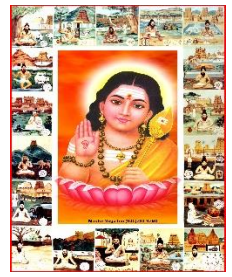


Mastering Your Own Mind

## Yoga Class - Registration Form - Adults

Master Yoga Inc – Registered Yoga School (RYS 200 –Yoga Alliance, USA)



Full Name: \_\_\_\_\_

Female       Male

Date of Birth :(dd-mm-yyyy) \_\_\_\_\_ Level : Beginner  Intermediate  Advanced

Mailing Address: \_\_\_\_\_

City, State, Postal Code: \_\_\_\_\_

Telephone (home): \_\_\_\_\_ Telephone (cell): \_\_\_\_\_

Email: \_\_\_\_\_ Emergency contact person/Tel.No: \_\_\_\_\_

### **HEALTH INFORMATION**

Describe your present state of health: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Serious illness, injury or major surgery within the last two years: \_\_\_\_\_

Under medical treatment or supervision for: \_\_\_\_\_

Current psychotherapy, counseling or psychiatric treatment: \_\_\_\_\_

Weight (Kg): \_\_\_\_\_ Height (Ft): \_\_\_\_\_

*Please check and clarify any of the following conditions that apply to you:*

Allergies: \_\_\_\_\_  Osteoporosis: \_\_\_\_\_

Arthritis: \_\_\_\_\_  Recent surgery: \_\_\_\_\_

Asthma: \_\_\_\_\_  Recent injuries: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Glaucoma: \_\_\_\_\_

Hernia: \_\_\_\_\_

Heart conditions: \_\_\_\_\_

High blood pressure: \_\_\_\_\_

Intestinal conditions: \_\_\_\_\_

Spinal conditions: \_\_\_\_\_

#### WOMEN:

Menstrual conditions: \_\_\_\_\_

PMS symptoms: \_\_\_\_\_

Pregnant (due date): \_\_\_\_\_

Menopause symptoms: \_\_\_\_\_

Others: \_\_\_\_\_

Please describe any other physical or mental conditions that would be helpful for your instructor to be aware of. List any medications you are taking and the conditions you are taking them for.

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Master Yoga Inc. Or Yoga instructor liable for any mishaps arising from my participation in yoga class.

Signature \_\_\_\_\_ Date \_\_\_\_\_

