

Name: _____

Address: _____ City: _____ State : _____ Zip _____

Telephone: (home) _____ (cell) _____ (work) _____

Email _____ Occupation: _____

Female / Male Birthday: ____/____/____

How did you find out about us?:

E-mail list, News Paper, Natural Awakening Magazine, Others _____, Referred by _____

Have you practiced yoga before? _____

If so, Style or Tradition/How long?: _____

Describe your present state of health: _____

Please list any physical or mental conditions that your instructor should be aware of. (Use back of page if necessary.) *If you have had an organ transplant, we regret that this is not an appropriate style of yoga for you.

Circle if you have:

High Blood Pressure (Controlled / NOT controlled by medication) • Hiatal Hernia • History of Detached Retina or Glaucoma

Are you pregnant? Y / N (Due Date: ____/____/____)

What are reasons why you are interested in taking Svaroopa® yoga classes?

What are your LONG TERM GOALS?

Emergency Contact: _____ Relationship: _____ Phone: _____

I certify that the above information is true and complete to the best of my knowledge and that I will not hold "Healing Spirit ~ Nashville Yoga Studio & Holistic Center" or my instructor liable for any mishaps arising from my participation in yoga class. I understand and accept that yoga is not a substitute for professional medical advice or treatment and that if I have had an injury or have had surgery or if I am pregnant, I should get my doctor's approval to participate in this yoga program before doing so. If I experience any pain or discomfort, I will listen to my body, discontinue the activity, and ask for support from the instructor. I assume full responsibility during and after a yoga session to apply, at my own risk, any portion of the information or instruction that I receive.

Signature: _____ Date: _____