



Health & Registration Information

Dear Yoga Student,

Our Therapeutic Yoga Program is offered by a certified yoga teacher who also has other specialties and health practitioner designations such as somatic therapy, naturotherapy, mindfulness based stress reduction, sound therapy, thai yoga bodywork, Pheonix Rising yoga therapy, physiotherapy, and osteopathy. Nevertheless, all exercise programs involve certain risks of minor injury.

Please read over the following guidelines to help reduce any risk of injury.

- Listen to and follow my instructions carefully.
- Breathe smoothly and continuously as you move and stretch.
- Do not hold your breath (unless instructed) or strain in any position.
- Work gently, respecting your body's abilities and limits. You are primarily and ultimately responsible to determine whether any activity in which you participate is appropriate for you.
- Don't perform postures or movements that are painful.
- Ask your teacher if you are unsure how to perform a certain movement.
- Note: Menstruating women should not practice inverted postures. Pregnant women must consult their health care provider.

Personal information:

Name:

Date of Birth:

Age:

Address:

City, Province, Postal code:

Telephone: ()

Email:

Emergency contact name & number:

Reason for your visit:

Occupation: _____ Sports/Activities: _____

Type of work: (physical, repetitive, desk): _____

Stress Levels:

On a scale of 1-10 how would you describe your stress level?

What measure do you take to manage your stress levels?

Physician: (Name & Phone Number) _____



Medications:

Please check any of the following, which apply to you:

Chronic sinus condition_____Heart trouble_____Headaches_____Migrains_____

Ear/Eye Problems (type)_____Allergies_____Which?_____

Diabetes_____Hypoglycemia_____Asthma/Respiratory problems_____

Ulcer_____Epilepsy_____Arthritis (type)_____Wrist problems_____

Arm/Shoulder injuries_____Sciatica_____Back problems (explain)_____

Endocrine problems_____Thyroid_____Menopausal symptoms_____

Recent Cancer (explain treatment)_____

High or low blood pressure_____Recent major surgery (type)_____

Dizziness_____Past injuries_____What?_____

Chronic Fatigue_____Fibromyagia_____Anxiety/Mood Disorder_____

Hernia_____Intestinal complications_____Urinary difficulties_____Digestive problems_____

Envrionmental Illness_____Pregnancy_____

Please mention in detail any other health or medical conditions you believe may be helpful for me to be aware of:

Agreement

1. I understand that Yoga Therapy incorporates both cognitive and physical approaches, and that there is an inherent risk when participating in physical activities. I agree to let the therapist know of any physical limitations I might have, or any physical activities I do not wish to participate in.
2. I hereby release Shanti Yogi Inc. and its Therapeutic Yoga Practitioners, from responsibility for any injuries I may sustain as a result of participation in this program.
3. I understand that this program does not make any claim that it alone cures diseases and chronic conditions. Rather, when combined with western medical science and naturopathic treatments, the therapeutic application of yoga helps to relieve a person of symptoms and supports and sustains a person's overall healing & well-being.

I have read the above waiver and have fully understood its contents. By signing below, I am fully agreeing to all of the above statements.

Signature

Date