



The Yoga Place and Yoga Central Registration & Health History

Welcome to the Yoga Place and Yoga Central! We are looking forward to working with you. To help us understand your needs, please complete the following confidential contact, background information and health history form. Feel free to use the back to explain any of your answers. Please keep your teacher(s) informed of any significant changes.

Name: _____ Birthdate: _____

Address: _____ City: _____ Zip: _____

Phone: (M H W) _____ E-mail: _____

Emergency Contact: _____ Phone: _____

Your primary interests: Yoga Belly Dancing Ballroom Dancing Zumba

Experience with stress management techniques, yoga, meditation, dance, or Zumba: _____

What is your current stress level? ___ High ___ Low ___ About average

What are your primary reasons for taking yoga, dance or Zumba _____

Current exercise program: _____

Please list surgeries, major illnesses, chronic conditions, accidents, injuries or psychological conditions (acute anxiety/depression) you have had & the approximate dates:

Do you currently have any of the following conditions: High blood pressure, glaucoma, detached retina, pregnancy?
___ Yes ___ No If yes, please tell us which one(s): _____

How would you describe your current state of health? _____

Acknowledgement of Personal Responsibility & Injury Liability Waiver:

Yoga, Dance, and Zumba are not a medical procedures and I will not receive a diagnosis of any medical problems or concerns I might have. I understand the intention of the Yoga Place, Yoga Central and the teachers who represent them is to inform, educate, guide and assist in my health and well-being.

I, _____, understand that I am solely responsible for my health, safety and well-being. I agree that I will inform the teacher of any activity or movement that I cannot safely perform, and I will not perform any activity or movement that I feel might injure me. I agree to hold the teachers of the Yoga Place and Yoga Central as guides in my well-being and not responsible for any injury that I may sustain during or as a result of my actions during the instructions of yoga practice.

Signed: _____ Date: _____