

RICK'S YOGA THERAPY (RYT)
Confidential Student Registration Form

NAME: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PHONE AND CONTACT INFORMATION:

DAY: _____ EVENING: _____ EMAIL: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE: _____

HOW DID YOU FIND US?

WERE YOU REFERRED BY FRIEND? IF SO WHO: _____

AD: ___ EMAIL: ___ WEBPAGE: ___ SIGN: ___ EMPLOYER: ___ MAIL: ___ PHYSICIAN: ___ PAPER: ___

IF YOU WERE REFERRED BY A PHYSICIAN, WHAT IS THE DOCTOR'S NAME: _____

HAVE YOU DONE YOGA BEFORE? YES ___ NO ___ IF YES, WHAT TYPE? _____

IF YES, CHECK ONE: BEGINNER ___ INTERMEDIATE ___ ADVANCED ___

PLEASE INDICATE IF YOU EXPERIENCE ANY OF THE FOLLOWING CONDITIONS THAT MAY CAUSE PAIN OR RESTRICT YOUR MOVEMENT.

<input type="checkbox"/>	ARTHRITIS	<input type="checkbox"/>	HEART CONDITION	<input type="checkbox"/>	PREGNANCY
<input type="checkbox"/>	ASTHMA	<input type="checkbox"/>	BLOOD PRESSURE H/L OR L	<input type="checkbox"/>	PREVIOUS INJURY
<input type="checkbox"/>	BACK PAIN	<input type="checkbox"/>	KNEE PAIN	<input type="checkbox"/>	SCOLIOSIS
<input type="checkbox"/>	HEADACHES	<input type="checkbox"/>	OSTEOPOROSIS	<input type="checkbox"/>	WHIPLASH

IF YOU ARE UNDER A DOCOTR'S CARE FOR ANY CONDITION PLEASE PROVIDE MORE INFORMATION BELOW:

IN THE EVENT OF ANY NEW MEDICAL CONDITION OR FUTURE HEALTH CONCERN PLEASE UPDATE YOUR FORM AT THAT TIME.

Waiver and Release of Liability	
<p>I, the undersigned, hereby expressly and affirmatively state that I wish to participate in fitness activities implemented by Rick's Yoga Therapy, and it's owners and instructors. I realize that my participation involves risk of injury. I hereby expressly assume all of the delineated risks of injury which could occur by reason of participation. I, or any one acting on my behalf, will not hold Rick's Yoga Therapy or any of the owners or instructors liable for any injury or loss that might occur to the undersigned. I have had an opportunity to ask questions. I subjectively understand the risks of my participation in this activity and knowing and appreciating these risks, I voluntarily choose to participate, assuming all risks of injury due to my participation.</p>	
Signature _____	Date _____
Signature of Guardian if participant is under 18 years of age _____	Date _____

Welcome!