

Registration Form Adult



The World of Yoga School
Kids Yoga and Music by Menka

Yoga Teacher: Rachel Purswaney Amin (Menka)
Student Information and Disclaimer form

Basic Information

Name

Date of Birth and Age

Number

Email

Emergency Name and Number

Emergency contact relationship

Has you done yoga before: Y/N

If yes where:

Any medical conditions or pregnancy you would like me to be aware of that may impact your yoga practise: (e.g heart issues, arthritis, allergies (including food), low/high blood pressure, asthma, glaucoma, low blood sugar, anxiety, depression etc.) Please also add any other information you feel is useful to share like medications taken, etc:

Do you suffer from pain in the feet/ankles, knee/joints/ shoulder/ back/ neck or other?

Any other important information you would like to share?

What are your goals with your yoga practice?

Permission for photographs of my child to be taken and placed on promotional material and websites related to classes with Menka:

Please read carefully and sign below: Agreement of Release and Waiver of Liability

I _____ (full name) understand that yoga classes involve physical movements of the body. I understand that I am responsible to decide whether I should practise yoga. I am aware that it is advisable to consult a physician prior to any kind of physical activity. I hereby declare that to the best of my knowledge, that I am physically able and fit to partake in yoga classes. I should notify the teacher immediately if any pain or discomfort is felt before, during or after one of the yoga classes that I attend. I acknowledge that I am responsible to be aware of my own physical limitations and I should come out of a posture immediately and inform the teacher if I feel unwell or if I feel any pain. I understand that any physical activity, including yoga classes, can result in physical injuries, disabling injuries, accidents or death. I accept that neither the teacher nor the hosting facilities are liable for any physical or disabling injuries, accidents or death caused as a result. I understand that yoga is not a substitute for medical attention or treatment. I, my heirs or legal representative hereby forever release and waive any claims now or hereafter against the teacher and studio. I have read, accept and agree to all the terms and conditions outlined in this agreement and on this form.

Signature: _____ Date: ____/____/____ Print name: _____