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Yoga Instruction & Wholistic Nutrition  
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Student Registration Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
Age: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Wk Phone: \_\_\_\_\_  
E-Mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Do you have any special health concerns or physical limitations you'd like me to know about? How would you describe the state of your physical health?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please check all of the following that apply:

Asthma                       Back Pain                       Detached Retina/Glaucoma  
 Digestive problems                       Fatigue/Exhaustion                       Fibromyalgia  
 Headaches                       High Blood Pressure                       Insomnia  
 Neck/Shoulder Pain                       Pregnant (how many months): \_\_\_\_\_  
 Recent Surgery (for what: \_\_\_\_\_  
and when: \_\_\_\_\_  
 Other \_\_\_\_\_

Other Medical Conditions or Injuries:

\_\_\_\_\_

Prior Yoga Experience:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

over →

What do you hope to gain and how do you hope to benefit from your practice of yoga?

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How did you hear about this class?

Flyer or Newsletter \_\_\_\_\_ (Do you remember where you got it? \_\_\_\_\_)  
Newspaper \_\_\_\_\_ Classified Ad \_\_\_\_\_ Fine Arts Program Ad \_\_\_\_\_  
Friend \_\_\_\_\_ Other \_\_\_\_\_

These yoga classes are offered with the intention to help promote increased physical, mental, and emotional health and well-being. You are encouraged to always pay attention to your body's sensations and wisdom and not to strain or push beyond what feels balancing and supportive to you on a given day. I encourage you to share any concerns or questions you may have with me about your yoga experience.

**AGREEMENT OF SELF-RESPONSIBILITY**

By signing this form, I certify that I have read the above information and that I agree to take full responsibility for my participation in yoga classes with Andrea Smith. I will not hold Andrea Smith, any of her colleagues at Cayuga Heights Center for Wellness & Healing Arts, any of her colleagues at Sunrise Yoga Center, or any instructors she may employ to assist her to be liable in any way for any injuries or mishaps that may arise from my participation in her yoga classes.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(For office use only):

Class Session:

Paid:

Date: