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## THERAPEUTIC YOGA ENROLLMENT FORM

\_\_\_\_\_  
Last Name First Name Date

\_\_\_\_\_  
Street Address City State Zip Code

\_\_\_\_\_  
Home Phone Work Phone Email Address

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you attended Therapeutic Yoga before? (Yes/No) \_\_\_\_\_

Do you have any medical conditions that might prohibit you from doing therapeutic yoga?  
(Yes/No) \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
What do you expect from this class? \_\_\_\_\_

\_\_\_\_\_  
How did you hear about this class? \_\_\_\_\_

\_\_\_\_\_  
Your primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Parent/ Guardian to be contacted in case of an emergency:

\_\_\_\_\_  
Name Phone Work phone

*I understand that by enrolling in this therapeutic yoga program, it is assumed that I am in reasonably good physical health. Although the yoga instructor will monitor the abilities of the class as a whole and set the pace of the class accordingly, I know that I am ultimately responsible for participating only to the extent to which I am able and assume any risks involved.*

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