Boules Clinical Psychology Group, PLLC

Yoga for Wellness

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Registration Form

Name _____

Address _____

Email _____

Phone _____

Emergency Contact Number _____

Do you have prior yoga experience? Yes or No

If so how long have you been practicing? _____

Do you have any physical restrictions, limitations, or injuries? Yes or No.

If yes, please explain: _____

_____

_____

_____

Yoga for Wellness General Information

Payment is due at time of class or service. Please pay in cash or check made out to Ms. Colette Gilbertson. Timely arrival for yoga classes, please. New students please arrive early to take care of registration and payment. Mats and other props will be provided.

The Fine Print

Yoga instruction is for those generally considered in good health. If you have any concerns as to whether yoga is an appropriate form of exercise for you, or if you are under the care of a physician, please talk to the instructor. Yoga is designed to be part of an overall wellness program and is not intended to replace a doctor's care. Any information offered during yoga class is done so in the spirit of helping individuals become more conscious of their own physical and spiritual health.

In consideration of Yoga for Wellness accepting my application in its yoga program, I release Yoga for Wellness and all its principals and agents as well as the owners of the premises on which classes are held from all actions caused by or arising from my participation in these classes notwithstanding that the same may have been contributed to or occasioned by negligence of the releases.

I also acknowledge and understand that a risk of personal injury may be involved in any exercise program. I therefore agree to follow instructions very carefully. Also, I understand that in order to properly teach and correct yoga technique, physical contact between student and teacher may be necessary. The instructor will ensure that such contact is always applied in a professional manner as required for yoga instruction and correction. I consent to such contact as is considered necessary by the instructor or will accept responsibility for notifying the instructor of my concerns about such physical contact prior to class at Yoga for Wellness.

Print Name _____

Signature _____

Date _____

Do any of the following apply to you? Check all that apply

Head and Neck	Digestive	Endocrine
☐ Tension Headaches	☐ Constipation/diarrhea	☐ Diabetes
☐ Migraine Headaches	☐ Ulcer/colitis	☐ Thyroid
☐ TMJ	**Treated For...**	**Nervous System**
☐ Sinusitis	☐ Sciatica	☐ Difficulty relaxing
Musculoskeletal	☐ Phlebitis	☐ Emotional extremes
☐ Muscle pain/strain	☐ Tuberculosis	☐ Fatigue/sleep disorders
☐ Muscle/joint pain	☐ Epilepsy	☐ Psychiatric issues
☐ Osteoporosis	☐ Stroke	**Cardiovascular**
☐ Low back pain	☐ Cancer/lymphoma	☐ Heart disease
☐ Numbness/tingling	☐ Thyroid condition	☐ High blood pressure
☐ Arthritis	☐ Hernia	☐ swelling-feet/ankles
☐ Herniated disk(s)	☐ Recent surgery	☐ Arteriosclerosis
Genito/Urinary	**Respiratory**	**Eyes**
☐ Pregnant _____ weeks	☐ Asthma/bronchitis	☐ Glaucoma
☐ Menopause	☐ Easily out of breath	☐ Detached retina

Describe treatment for any of the above conditions

_____

_____

_____

_____

List medications and how they affect you

_____

_____

_____

_____