

Portland Yoga Studio Student Registration Form

Name _____ Occupation/Profession _____

Please Complete the following. If you have registered before, please note any changes to your current information. Thank you!

Date _____ Address _____ City _____ State _____ Zip _____

E-mail _____ Phone (H) _____ (W) _____

Please check here if you:

want e-mail reminders about workshops and postings of our schedule.

no longer want to receive our brochure in the mail.

How did you (newcomers) hear about us? _____

NOTE: We reserve the right to cancel classes, workshops or events if there is insufficient enrollment.

Class and or Workshop Selection(s):						
Day	Time	Level	Instructor	Title	# Weeks	Cost
						\$
						\$
						\$
Total Enclosed:						\$

Medical Information (check all that apply)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> allergy | <input type="checkbox"/> chronic fatigue | <input type="checkbox"/> genito-urinary difficulties | <input type="checkbox"/> HIV |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> chronic headache | <input type="checkbox"/> heart condition | <input type="checkbox"/> hypoglycemia |
| <input type="checkbox"/> arthritis | <input type="checkbox"/> depression | <input type="checkbox"/> hernia | <input type="checkbox"/> insomnia |
| <input type="checkbox"/> asthma | <input type="checkbox"/> gastrointestinal problems | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> low blood pressure |
| <input type="checkbox"/> prolonged illness _____ | | | <input type="checkbox"/> MS |
| <input type="checkbox"/> recent major surgery _____ | | | <input type="checkbox"/> osteoporosis |
| <input type="checkbox"/> physical injuries from accident _____ | | | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> other _____ | | | <input type="checkbox"/> sciatica |
| | | | <input type="checkbox"/> scoliosis |
| | | | <input type="checkbox"/> skull or eye problems |
| | | | <input type="checkbox"/> ulcer |

Previous Yoga Experience: _____

Informed Consent and Waiver of Liability

I understand that yoga can be physically intensive and I voluntarily assume the risk inherent in my participation in classes at Portland Yoga Studio including the risk of injury, accident, death, loss, cost or damage to my person or property, and I release and indemnify Portland Yoga Studio from and against all such claims and liabilities, including attorneys' fees from this date on.

I further attest that I am in sufficient health, and/or that I have consulted with a physician and I am able to undertake and engage in the physical movements and exercises in classes that I have chosen to take at Portland Yoga Studio. I assume responsibility to update Portland Yoga Studio of any changes in my medical condition that might affect my safety or participation in any class at Portland Yoga Studio.

Signature _____ Date _____

Please pay in full. Make checks to Portland Yoga Studio. Questions? Call 799-0054