



The Details...

SECTION I: PERSONAL INFORMATION

* Name: _____
*Address: _____ *City: _____ *Province: _____ *Postal Code: _____
Primary Phone: _____ (Cell preferred) *E-mail: _____
*Emergency Contact Name: _____ *Emergency Contact Phone: _____

(* denotes required fields)

SECTION II: RISK ASSESSMENT

Please select the check mark next to each relevant risk:

Heart Disease

Shortness of Breath or Chest Pain

Inhaler? (if "yes", please bring it to every class)

High Blood Pressure

Levels: _____

High Cholesterol Level

Significant Bone/Joint/Muscle Pain

Location: _____

Back Pain

Cigarette Smoking

Levels: _____

Depression/Anxiety

Dizziness

Diabetes

Insulin Dependent?

Injuries

Location: _____

Any other? Please explain: _____

Are you currently taking any medication(s)? Type: _____

Are you active?

Activity or Exercise: _____

Times per week: _____

Minutes per session: _____

Do you currently practice yoga?

What level of yoga do you practice? BEGINNER INTERMEDIATE ADVANCE

Times per week: _____

Minutes per session: _____

What are your current health goals? _____

How would you describe your current diet: _____

SECTION III: ACKNOWLEDGEMENT

I also understand that **(please initial)**;

- _____ All cancellations must be made at least four hours in advance of the scheduled class time.
- _____ All payments are non-refundable but may be transferrable, including, but not limited to vacation, illness and injury.
- _____ All N.S.F. cheques will be charged a \$50.00 (CDN) fee.
- _____ I will notify instructors immediately of any pain and/or major discomfort felt during any activity.
- _____ If I am pregnant or plan to become pregnant during course of the Activity, I will advise Om'ies prior to participation in a class.

BY SIGNING BELOW, Participant accepts and agrees the information provided is current and will notify the provider of any changes in status.

Signature

Date