

Registration Form

It is important that the instructor be aware of any physical or mental health challenges to provide cautions & accommodations in this class. Your personal information will be kept confidential as required by law.

Contact Information

Name:

E-mail address:

Phone:

Alternate phone number:

Emergency contact name:

phone number:

Please include me in Kathleen's mailing list for upcoming events ___ YES ___ NO

How did you hear about this program?

Registration & Health Information

1. Have you practiced yoga before? ___ YES ___ NO

If yes, what type of yoga? For how long?

If no, do you do any physical activity on a regular basis? (please describe type and frequency):

2. Do you have any of the following health concerns?

___ Low blood pressure

___ Dizzy spells / fainting

___ High blood pressure

___ Headache/migraine

___ Neck / Back / Spine injury

___ Respiratory problems

___ Seizures

___ Cardiovascular problems

___ Digestive problems

___ Diabetes

___ Depression

___ Anxiety

___ Pregnancy or trying to conceive

___ Joint injury – please indicate: _____

Other health condition not listed above: _____

3. Please list any serious allergies:

4. Did you consult a physician before registering in this yoga program? ___ YES ___ NO

5. What do you hope to get from this program? Feel free to mention any challenges you are currently dealing with, or aspects of a yoga class that could be triggering for you.

Please return completed form by e-mail to Kathleen@kathleenpratt.ca. Questions may also be completed over the phone on request.