



NEW STUDENT FORM:

First Name: _____ Last Name: _____ MI: _____

Phone (home): _____ Phone (mobile): _____

Address _____

City: _____ State: _____ Zip: _____

Email: _____ Birthday: ____/____/____

Referred By _____ Emergency Contact Name/Phone _____

Any injuries, concerns or requests you'd like to let Jen know about so you can get the most out of the class?

What is your previous yoga experience?

I _____ (print name) on this date of ____/____/____ understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against YogaFresh or any YogaFresh instructor.

Signature of participant &/or parent guardian

New YF ID # _____