

**REGISTRATION FORM**  
**all elements yoga**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Occupation: \_\_\_\_\_

How did you hear about us? : \_\_\_\_\_

Please mark any medical condition(s) past/present:

Anxiety  Back Condition (specify) \_\_\_\_\_

Arthritis \_\_\_\_\_

Asthma  Heart Condition (specify) \_\_\_\_\_

Bi-Polar Disorder \_\_\_\_\_

Cancer (stage) \_\_\_  Mental Condition (specify) \_\_\_\_\_

Chronic Fatigue \_\_\_ \_\_\_\_\_

Depression  Neck Condition (specify) \_\_\_\_\_

Diabetes (type) \_\_\_ \_\_\_\_\_

Fibromyalgia  Knee Condition (specify) \_\_\_\_\_

High/Low Blood Pressure \_\_\_\_\_

Hyper/Hypo Thyroid  Recent Surgery (specify) \_\_\_\_\_

Pregnant; Due \_\_\_/\_\_\_/\_\_\_ \_\_\_\_\_

Other: \_\_\_\_\_

Please list current prescription medications: \_\_\_\_\_

Previous yoga experience and years: \_\_\_\_\_

Emergency contact name and phone: \_\_\_\_\_

**Please read and sign:**

I accept responsibility for my own health and safety. I relinquish All Elements Yoga, LLC and instructors from all liability.

I understand and accept that there will be NO REFUNDS for classes I purchased but did not expend.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date