



MOON TRIBE YOGA

## STUDENT REGISTRATION FORM

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

How did you hear about Moon Tribe Yoga? \_\_\_\_\_

Do you have previous yoga experience? \_\_\_\_\_

What do you hope to gain from the classes? \_\_\_\_\_

Have you had any major surgery in the past three years? Please specify.

\_\_\_\_\_

Do you have, or have you ever had, any of the following conditions (please tick):

- |                                                         |                                                 |
|---------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Asthma                         | <input type="checkbox"/> Low blood pressure     |
| <input type="checkbox"/> Joint pain                     | <input type="checkbox"/> Stomach/Duodenal ulcer |
| <input type="checkbox"/> Cramps                         | <input type="checkbox"/> Allergies              |
| <input type="checkbox"/> High blood pressure            | <input type="checkbox"/> Diabetes               |
| <input type="checkbox"/> Muscular pain                  | <input type="checkbox"/> Back pain              |
| <input type="checkbox"/> Pain or tightness in the chest | <input type="checkbox"/> Other, please specify  |

*It is your responsibility to tell your teacher about any injuries or health conditions that you are experiencing or if you are pregnant.*

### Waiver/Release

The undersigned participant acknowledges they are in good physical health as determined by a doctor and is able to engage in physical activity. All physical activities provided by the instructor are undertaken at the participant's own risk and the student is responsible for consulting with a physician prior to participating in a yoga class and to receive prior approval to participate. Any changes in physical condition should be brought to the attention of the instructor immediately.

The instructor and/or Moon Tribe Yoga shall not be held liable for any claims, injuries, damages, demands, actions or cause of actions to the participant as a result of services provided. The participant does hereby release the instructor and/or Moon Tribe Yoga from any accident resulting from her own actions or those of fellow participants. I have read and understood the terms and conditions as indicated above:

Signed: \_\_\_\_\_

Date: \_\_\_\_\_