

New Student Questionnaire

NAME

PHONE

ADDRESS (include zip)

DATE

email:

Date of birth:

How did you hear about his yoga class?

Have you had or do you have any of the following?:

Auto accident

Asthma

Arthritis

Cancer

Diabetes

Fall off horse or other mishap

glaucoma

High blood pressure

Hearing loss (which ear?)

low blood pressure

menstrual pain/discomfort

surgery

Please say more about any of these you checked or anything else:

Please answer yes/no or “want to learn more” and add your own comments below:

I walk/swim/bicycle/run or practice yoga at least 3 times a week.

I avoid sugar and caffeine (notice I didn't say “completely”)

I am interested in learning more about a vegetarian diet.

I use journal writing as a stress management tool, or would like to learn more.

Have you taken yoga before? What would you like to get out of this class?

WAIVER: I am aware that yoga, like any physical activity, could result in injury. By my participation in yoga classes taught by Diana Woodall or her designate, I agree to take full responsibility for not exceeding my physical limits and for any injury that might occur as a result of participation in class. I have fully informed the instructor of any current or previous medical condition or injury that may affect my participation in class. I hereby waive any claim I might have at any time against the instructor, Diana Woodall, or anyone connected with the premises in any way, for any injury or loss that may occur.

Sign _____ date _____

