



Massage & Movement Synergy

Naomi Jacobs-EL

www.messageandmovementsynergy.com

(256) 653-8280

njacobsel@yahoo.com

YOGA REGISTRATION FORM

In order to maximize the effectiveness and safety of the yoga session, please take the time to carefully fill out this questionnaire. This information will be treated confidentially. Your feedback will be appreciated and used to tailor the classes to serve in the best way possible.

Name: _____ Contact Phone # _____

Address: _____ Age/DOB: _____

City: _____ State: _____ Zip Code: _____

Email address: _____

Emergency Contact Name _____ Emergency Contact Phone # _____

If you are currently taking any medication please list the medication and its purpose (use reverse side if necessary):

Are you pregnant?	Yes	No
Do you have high blood pressure?	Yes	No
Do you have or have you ever had a heart problem?	Yes	No
Have you ever had osteoporosis?	Yes	No
Have you ever had surgery or broken a bone?	Yes	No
Do you have rheumatoid arthritis?	Yes	No
Do you have any allergies?	Yes	No

Please explain yes to any answers (use reverse side if necessary)

I _____, understand that the practice of yoga can reduce stress, release muscular tension, improve balance and flexibility and increase strength.

I understand that the yoga instructor does not diagnose illness, disease, or any other physical or mental disorder. The yoga instructor does not prescribe medical treatment or pharmaceuticals, nor does the instructor perform any spinal manipulations. It has been made clear to me that yoga is not a substitute for medical examination or diagnosis and it is recommended that I see a physician for any physical ailment I might have.

Because a yoga instructor must be aware of existing physical conditions, I have stated all my known medical conditions and take it upon myself to keep the yoga instructor updated on my physical health.

Signature _____ Date _____