



New Student Questionnaire & Consent Form

Full Name: _____ Date: _____

Address: _____ City: _____ St: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Date of Birth: ____/____/____

Gender: M / F (circle one)

How did you hear about us? Internet Friend Sign Ad Other

Emergency Contact Info

Name: _____ Relation: _____

Contact Phone: _____

Do you have any chronic conditions, injuries or illnesses we should know about?

If you have a

If yes, what date/year?

- | | |
|--|----------|
| • heart condition/problem | Yes / No |
| • are pregnant | Yes / No |
| • have diabetes | Yes / No |
| • high blood pressure | Yes / No |
| • detached retina | Yes / No |
| • spinal injuries either cervical, thoracic, or lumbar | Yes / No |
| • sinus problems | Yes / No |
| • carpal tunnel | Yes / No |
| • knee injuries | Yes / No |
| • chronic problems | Yes / No |
| • ANY condition that would need a doctor's approval to participate in practicing Yoga? | |

Are you currently under a doctor's care? If yes, please list name and phone number of doctor.

Do you regularly take medication(s) that would affect your participation in Yoga? If answered yes, what?

I, _____, am aware that I am engaging in physical activity and take full responsibility of my own health and welfare as a participant in this class or classes. I waive and release any claim or right to sue Sun Yoga Tampa and/or any of Sun Yoga Tampa's instructors or employees for any claim, injury, or personal loss or damages.

Client's Signature: _____ Date signed: _____