



### New Student Questionnaire & Consent Form

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ What brought you in today? \_\_\_\_\_

How did you hear about us? Internet Sign Ad Current Student \_\_\_\_\_ Other \_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Do you have any conditions, injuries or illnesses we should know about? Please circle any that apply:**

Carpal tunnel syndrome	Detached retina/Eye disease	Diabetes
Heart condition/problem	High blood pressure	Knee or Joint injuries
Pregnancy	Spinal injuries	Sinus problems
Respiratory diseases	Other chronic problems:	

Do you have any other 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, including injury due to external forces, natural disasters, or other uncontrollable occurrences. This applies both in person classes in the studio, as well as online or virtual classes. The Studio from time to time may photograph or video classes or events occurring at its studios and place such photographs and videos on its Website. I hereby consent to the use of my image that may appear in any such photograph or video.

Client/Guardians' Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

In the case of attendance by minors/dependents under 18, as legal guardian, I assume responsibility those listed below. Minors/Dependents Names and Ages if applicable:

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

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