



*Light of the Heart
Yoga™*

REGISTRATION FORM

Name _____ Date _____

Address _____ Town _____ Zip _____

Telephone _____ Email: _____

If you are new, how did you hear about this studio? newspaper __, web __, friend __, postcard __, doctor's referral __, other _____

Yes __ I'd like to receive email news (schedules, events etc) from the studio. No, thank you _____

What would you like to receive from practicing yoga?

Health Status: Please circle all that apply to you.

High Blood Pressure Low Blood Pressure Medicated/ Not Medicated	Organ Transplant Epilepsy	Rotator Cuff Problems
Cardiac Problems	Discomfort in Feet or Toes	Pregnant
Back pain Neck Pain	Hiatal Hernia	Fibromyalgia
Hip pain Knee Pain	History of Detached Retina/ Glaucoma	Arthritis
Hip replacement Knee replacement	Sciatica	Asthma

Please list any diagnosed conditions you have or health concerns we should be aware of.

Student Informed Consent and Release Svaroopa® yoga classes and workshops are considered low risk physical activity, utilizing props for support and with a focus on body awareness. The teacher's responsibility is to use her knowledge and training to deliver safe instruction and advice. However there are many factors that influence yoga's effect on an individual that depend on states of health and fitness.

Please note the following to maximize your safety and experience a yoga program:

1. If you have been diagnosed with Fibromyalgia, please let the teacher know at the start of the program. Sometimes students with Fibromyalgia get a lot of opening during class – so much so that it is difficult for them to keep that opening, and then later that day or the next they don't feel well. We recommend not having adjustments if you have Fibromyalgia.
2. For students with high blood pressure, detached retina/ glaucoma, or if you have an injury, please remind your teacher of this condition before the program and follow any directions she gives regarding modifications for your specific condition(s) during class. Most importantly, listen to your body and if you have pain, let the teacher know – she can help.
3. Please get your doctor's approval if you have had any injury or surgery before participating in class.
4. If you have had an organ transplant or history of epilepsy, we regret that this is not an appropriate style of yoga for you.

I, _____ (print name) understand that yoga includes physical movement as well as an opportunity for relaxation, stress reduction and relief of muscular tensions. If I experience any pain or discomfort, I will LET MY TEACHER KNOW and I will listen to my body. I understand that I may choose to discontinue any pose or activity at any time.

I understand and accept that yoga is not a substitute for professional medical advice or treatment and that if I have had an injury, have had surgery or if I am pregnant I should get my doctor's approval to participate in this yoga program before doing so.

I understand that it is my responsibility to inform the classroom teacher at the beginning of the yoga program if I have any health condition or injury / surgery information that may affect my ability to participate fully in class.

I have read and understand the above recommendations. I assume full responsibility during and after a yoga session to apply, at my own risk, any portion of the information or instruction that I receive. I hereby agree to release and waive any and all claims that I now have, or hereafter may have against Svaroopa® Vidya Ashram, Svaroopa® yoga and its teachers, Light of the Heart Yoga™ and its teachers.

Student Signature _____ **Date:** _____