



## Registration Form

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**E-Mail** \_\_\_\_\_

How did you hear about Springdale Yoga? \_\_\_\_\_

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1. Please check any of the following that apply. It is important to always immediately alert your yoga teacher to changes in health conditions.

\_\_\_ Asthma \_\_\_ Depression \_\_\_ Detached Retina/Glaucoma

\_\_\_ Neck/Shoulder Pain Where? \_\_\_\_\_

\_\_\_ Pregnant How many months? \_\_\_\_\_

\_\_\_ Back Pain Where? \_\_\_\_\_

\_\_\_ Fibromyalgia \_\_\_ MS

\_\_\_ High Blood Pressure

\_\_\_ Hip Replacement

\_\_\_ Sleep Disorder

\_\_\_ Organ Transplant

\_\_\_ Other—Please explain below.

2. How do you spend your days? (At a computer? Standing on your feet? Running after kids? Caring for a sick parent?)\_\_\_\_\_

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3. What do you expect to gain from yoga? \_\_\_\_\_

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4. If you attend yoga on your birthday you get a free class. Please provide your birthday if interested. \_\_\_\_\_(not the year, just the date)

5. Would you like to be put on the Springdale Yoga e-mail list to receive information about special classes, new classes, and more?

\_\_\_\_\_Yes      \_\_\_\_\_No

THANK YOU. IF THE CONDITIONS ON THIS FORM CHANGE, PLEASE UPDATE. WE WILL ASK YOU TO UPDATE YEARLY.