



Registration Form

Date _____

Name _____

Address _____

Phone _____ E-Mail _____

How did you hear about Springdale Yoga? _____

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

___ Other _____

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

3. What do you expect to gain from yoga? _____

Please complete and bring to your first session. Thank you.