

New Student Information Sheet



Please fill out completely before you participate in Holy Yoga:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ (H) _____ (Alt) _____

Email _____ Date of Birth _____

Have you ever participated in yoga? Y or N If Yes, when and how often?

Do you have any medical restrictions or conditions? Yes No

If Yes, Please explain: _____

What are you looking for from yoga? _____

Would you like to be included in our email communications? Yes No

Holy Yoga Activity Disclaimer

I hereby consent as a participant in Holy Yoga classes and agree to assume all of the risks involved. I understand that Holy Yoga does not provide medical insurance relative to accidents, injuries, and/or death as a result of program related activities; and that I can not hold Holy Yoga or affiliated Holy Yoga teachers personally responsible for any liability. _____ (initial)

I recognize that any form of physical activity is a potentially hazardous one, and that they involve a risk of possible injury or even death. I hereby affirm that I am voluntarily participating in these activities with the knowledge of the risk involved. I agree to expressly assume and accept any and all risks of injury and/or death. _____ (initial)

I hereby affirm myself to be physically sound and suffering from no condition, ailment, impairment, disease, or other illness that would prevent my participation in Holy Yoga activities, I declare that I have disclosed any and all medical history to Holy Yoga and/or their affiliates relevant to participation. _____ (initial)

Signature _____ Date _____

Exercise Readiness Questionnaire



Name			Date
DOB	Age	Ph	Alt Ph

Regular exercise is associated with many health benefits. Increasing physical activity is safe for most people. However, some individuals should check with a physician before they become more physically active. Completion of this questionnaire is a first step when planning to increase the amount of physical activity in your life. Please read each question carefully and answer every question honestly:

Yes	No	Question
		1. Has a physician ever diagnosed you with a heart condition and indicated you should restrict your physical activity?
		2. When you perform physical activity, do you feel pain in your chest?
		3. When you were not engaging in physical activity, have you experienced chest pain in the past month?
		4. Do you ever faint or get dizzy and lose your balance?
		5. Do you have an injury or orthopedic condition (such as a back, hip, or knee problem) that may worsen due to a change in your physical activity?
		6. Do you have high blood pressure or a heart condition in which a physician is currently prescribing a medication?
		7. Are you pregnant?
		8. Do you have insulin dependent diabetes?
		9. Are you 69 years of age or older and not used to being very active?
		10. Do you know of any other reason you should not exercise or increase your physical activity?

If you answered yes to any of the above questions, talk with your doctor **before** you become more physically active. Tell your doctor your plan to exercise and to which questions you answer yes. If you honestly answered no to all questions you can be reasonably certain you can safely increase your level of physical activity **gradually**.

If your health changes so you then answer yes to any of the above questions, seek guidance from a physician.

Physician's Release



Your patient, _____ wishes to start a personalized exercise program that includes yoga. As a participant in this program, your patient will be instructed in proper exercise techniques working one on one with a certified and registered yoga instructor.

Are there any medical factors in your patient's history or any medications that are currently being taken which would affect exercise programming or the patient's ability to participate in a non-medically supervised exercise program?

Please Circle: Yes No

If yes, please list and explain:

Please identify any recommendations or restrictions that are appropriate for your patient in this exercise program:

My patient, _____, **has my approval** to begin an exercise program with the recommendations or restrictions stated above.

My patient, _____, **does not have my approval** to begin an exercise program at this time.

Physician Name: _____

Physician Signature: _____

Work Phone: _____