

Yoga by Cindy, Inc.
Wrens Nest
2001 Shields Rd., Dalton, GA 30720

Registration Form

Name _____ DOB _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Email _____ Fax _____

Profession _____

Would you like to be on the mailing list? _____

How did you hear about us? _____

Referred by _____

Previous yoga experience or bodywork _____

Are there any yoga poses that you fear may be harmful? _____

Please list any ailments or physical limitations _____

Do you have back or neck concerns? _____

Do you have hip or knee problems? _____

Have you had surgery within the last year? _____

Do you take any medication? _____

Are you pregnant? _____

Do you currently follow any exercise program? _____

What is your current weight? _____

Which benefits of yoga are the most important to you?

Improve posture _____ Improve strength and balance _____

Manage stress _____ Improve flexibility _____

Strengthen immune system _____ Improve circulation and digestion _____

Promote deep relaxation _____ Regulate breath _____

Weight management _____

What is your goal or expectation? _____

Buyer is aware that participation in physical activity may result in accident or injury. Buyer assumes the risk associated with participation in any exercises and represents the member is in good health during your rest in Wrens Nest facilities. I understand that I have the authority to guide the direction of this treatment and I take full responsibility for

my health. Wrens Nest Buyer acknowledges no medical services including diagnoses. Buyer specifically agrees yoga experiences are not liable for any claim resulting from member's use of facilities or participation in any exercise or activity. Buyer agrees to hold harmless from the same.

Signature _____ Date _____