



**REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_

Mobile phone \_\_\_\_\_ email \_\_\_\_\_

Occupation, vocation or profession: \_\_\_\_\_

Female  Male DOB: \_\_\_\_\_ (for information only, we do not discriminate on the basis of sex or age)

How did you find out about Expansions Yoga? Please give a name so we may thank them.

\_\_\_\_\_

Number of years practicing yoga \_\_\_\_\_ What does yoga mean to you? \_\_\_\_\_

\_\_\_\_\_

What other physical activities do you enjoy? \_\_\_\_\_

\_\_\_\_\_

What goals do you hope to reach through yoga (improved flexibility, increased strength, more endurance, reduced stress, better balance etc...)? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe your present state of health: \_\_\_\_\_ Please list any physical or mental conditions that your instructor should be aware of. (Use back of page if necessary.)

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Expansions Yoga or my instructor liable for any injuries arising from my participation in yoga class.

Signature \_\_\_\_\_ Date \_\_\_\_\_