

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Please complete each question to the best of your ability.

What is your motivation for taking yoga? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your special or individual needs? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What have your previous experiences with yoga been like, if any? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you exercise regularly? Please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you feel is your level of fitness? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a personal goal? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you practicing (or looking to practice) yoga for therapeutic purposes? If so, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Can you commit to meeting on a regular basis? List best days and times. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will you be able to do "homework" in between sessions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Yoga with Kelly Carver, RYT

## Health Questionnaire

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Referral Source: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

1. Please list any previous illnesses/injuries/special needs: \_\_\_\_\_

2. Condition of Body Systems (please use comment section to advise teacher of recent surgeries, problems, etc.):

| System/Area     | Condition (Check One) |      | Comment: |
|-----------------|-----------------------|------|----------|
|                 | Good                  | Poor |          |
| Respiratory     |                       |      |          |
| Cardiovascular  |                       |      |          |
| Digestive       |                       |      |          |
| Urinary         |                       |      |          |
| Reproductive    |                       |      |          |
| Musculoskeletal |                       |      |          |
| Liver           |                       |      |          |
| Gall Bladder    |                       |      |          |
| Throat/Tonsils  |                       |      |          |
| Thyroid         |                       |      |          |
| Vision          |                       |      |          |
| Hearing         |                       |      |          |
| Skin Condition  |                       |      |          |
| Other           |                       |      |          |

3. Do you have any special or individual needs? \_\_\_\_\_

4. What do you feel is your level of fitness? \_\_\_\_\_

5. Do you exercise regularly? Please explain. \_\_\_\_\_

6. What have your previous experiences with yoga been like, if any? \_\_\_\_\_

7. What is your reason or motivation for taking yoga? \_\_\_\_\_

8. Have you ever been advised by a physician NOT to exercise? \_\_\_\_\_

### Yoga Teacher Liability Student Waiver Agreement

I \_\_\_\_\_ (print name) understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I have now or hereafter may have against Kelly A. Carver, RYT.

\_\_\_\_\_  
Signature of student, parent or guardian

\_\_\_\_\_  
Date