

# Santi Yoga Registration Form

Phone 978.352.8787 Fax 978.352.9910

West Boyford, MA

Email: [santiyoga@yahoo.com](mailto:santiyoga@yahoo.com)

Website: [www.santiyoga.org](http://www.santiyoga.org)

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Postal

Code \_\_\_\_\_

Email \_\_\_\_\_

Phone(s) \_\_\_\_\_

Birthday (Day/Month) \_\_\_\_\_

Emergency Contact Info \_\_\_\_\_

Do you have prior yoga experience? Yes No

If so, how long have you been practicing? \_\_\_\_\_

Currently practicing? Yes No

Comments about your practice \_\_\_\_\_

What do you hope to achieve through the practice of yoga?

\_\_\_\_\_  
\_\_\_\_\_

Do any of the following apply to you? Check all that apply

<u>Head and Neck</u>	<u>Digestive</u>	<u>Endocrine</u>
<input type="checkbox"/> Tension Headaches	<input type="checkbox"/> Constipation/diarrhea	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Migraine Headaches	<input type="checkbox"/> Ulcer/colitis	<input type="checkbox"/> Thyroid
<input type="checkbox"/> TMJ	<u>Treated for....</u>	<u>Nervous System</u>
<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Sciatica	<input type="checkbox"/> Difficulty relaxing
<u>Musculoskeletal</u>	<input type="checkbox"/> Phlebitis	<input type="checkbox"/> Emotional extremes
<input type="checkbox"/> Muscle pain/strain	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Fatigue/sleep disorders
<input type="checkbox"/> Muscle/joint pain	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Psychiatric issues
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> Stroke	<u>Cardiovascular</u>
<input type="checkbox"/> Low back pain	<input type="checkbox"/> Cancer/lymphoma	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Numbness/tingling	<input type="checkbox"/> Thyroid condition	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Arthritis	<input type="checkbox"/> Hernia	<input type="checkbox"/> Swelling--feet/ankles
<input type="checkbox"/> Herniated disk(s)	<input type="checkbox"/> Recent surgery	<input type="checkbox"/> Arteriosclerosis
<u>Genito/Urinary</u>	<u>Respiratory</u>	<u>Eyes</u>
<input type="checkbox"/> Pregnant ___ weeks	<input type="checkbox"/> Asthma/bronchitis	<input type="checkbox"/> Glaucoma
<input type="checkbox"/> Menopause	<input type="checkbox"/> Easily out of breath	<input type="checkbox"/> Detached retina

Describe treatment for any of the above conditions \_\_\_\_\_

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List medications and how they affect you \_\_\_\_\_

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Describe any other areas of bodily concern/injury/pain (e.g., knees, wrists, low back, etc.) \_\_\_\_\_

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Any other general comments/concerns \_\_\_\_\_

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The Fine Print:

Yoga instruction at Santi Yoga is designed for those generally considered in good health. If you have any concerns as to whether yoga is an appropriate form of exercise for you, or if you are under the care of a physician, please speak to the instructor. Yoga is designed to be part of an overall wellness program and is not intended to replace a doctor's care. Any information offered during a yoga session is done so in the spirit of helping individuals become more conscious of their own physical and spiritual health.

In consideration of Santi Yoga accepting my application for participation in its yoga program, I release Santi Yoga and all of its principals and agents, as well as the owner(s) of the premises on which classes are conducted from all actions caused by or arising from my participation in these classes notwithstanding that the same may have been contributed to or occasioned by negligence of the releasees. I also acknowledge and understand that a risk of personal injury may be involved in any exercise program. I therefore agree to follow instructions carefully.

Also, I understand and accept that in order to properly teach and correct yoga technique, physical contact between student and instructor may be necessary. Santi Yoga undertakes to ensure that such contact is always applied in a professional manner as required for yoga instruction and

correction. I consent to such contact as is considered necessary by the instructor or will accept responsibility for notifying the instructor(s) of my concerns about such physical contact prior to practicing at Santi Yoga.

Finally, I understand that at any time if I feel dizzy or in pain, I will stop and notify the instructor. The practice of yoga is fundamentally about honoring the body and its needs. Remember, yoga is a dance, not a wrestling match!

I have read and understand the above statement.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

~Namaste~

**Śānti Yoga & Wellness of West Boxford**  
10 Hovey's Pond Drive  
Boxford, MA 01921  
978-352-8787

### **Privacy Statement**

I \_\_\_\_\_ understand and agree to abide by HIPAA guidelines governing the release of any health-related indentifying information collected by **Śānti Yoga & Wellness of West Boxford** (hereafter known as 'SYW').

I \_\_\_\_\_ (initials) agree that I have been provided with a copy of HIPAA guidelines by SYW and have read and understood the HIPAA guidelines. Available at studio or at HIPPA, online.

I \_\_\_\_\_ (initials) understand that SYW undertakes to ensure that only the designated HIPAA representative is able to access my personal data, and that said data is stored in a safe, secure, and non-public place.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_ SYW representative *Chris Warner, M.ed., Cyt*