



Class/Workshop Registration

Registration is complete upon receipt of fees to:

Cove Yoga, 2102 Panorama Drive, North Vancouver, BC V7G 2C9

Name _____ Date _____

Address _____

Phone _____ Email _____

Class Time and Dates _____ Fees _____

Health Survey Please check if you are a returning Cove Yoga student, have previously submitted this survey, and do not need to update it.

Please answer the following questions by circling the appropriate answer and by providing details, on the back of the page if necessary, where the answer is yes. (Note: All information will be kept confidential.)

1. Do you suffer from insomnia? No Yes
2. Do you smoke? No Yes
3. Do you have any history of haemorrhoids or hernia? No Yes
4. What is your usual blood pressure? High Low Normal
5. Do you suffer from dizziness? No Yes
6. Do you have a history of neck problems? No Yes *If yes, please explain:*

7. Do you suffer from chronic back pain? No Yes *If yes, please provide details:*

8. Have you ever had surgery? No Yes *If yes, please provide general date:* _____
9. Have you ever had a serious injury? No Yes *If yes, please explain:*

9. Do you have any bone, muscle or joint problems (such as arthritis, bursitis, fibromyalgia, or MS) that has or can be aggravated by exercise? No Yes *If yes, please explain:*

10. Do you have or are you at risk of developing osteoporosis? No Yes *If yes, please provide details:*

11. Do you suffer from chest pain or diseases of the heart, lungs, kidneys, and/or liver? No Yes *If yes, please provide details:*

12. Are you pregnant? No Yes
13. Are you on any medication? No Yes
14. Is there anything else concerning your health you should tell your yoga instructor? No Yes *If yes, please explain:*

15. What do you hope to get out of this series of yoga classes?

If you responded yes to any of questions 2 - 14, please consult with your yoga teacher before class and with your physician or health care provider regarding special concerns for yoga practice.

Release and Waiver of Liability

IMPORTANT: Please read before signing!

I, _____ acknowledge that in taking any yoga, or any exercise class, there are inherent risks, including the risk of serious injury or death, and I agree to accept any and all such risks. It is my responsibility to advise my teacher of any medical condition that might be exacerbated by any of the activities involved in a yoga class, and to refrain from any activity that I believe may cause me any injury.

By signing below I also agree, on behalf of myself and anyone claiming through me, to fully release Christine Clancy and anyone teaching on her behalf from any liability of any kind for any loss, damage or injury (including death) I may suffer, directly or indirectly, as a result of participation in this or any future yoga class, and I will not bring any legal action of any kind for any such loss, damage or injury against Christine Clancy or anyone teaching on her behalf.

Date: _____ Signature: _____