



Welcome!

Thank you for your enrolling in our Introduction to Yoga series. Attached is our registration form that will help us get to know you a little better. Please fill it out before the first class. If you have already sent your payment, you are registered and can bring the form with you to the first class. If you have not already paid, please send a check for \$140 made payable to Yoga Center of Newburyport along with this form to 12 Maple Street, Newburyport, MA 01950.

A few tips and reminders:

- Please arrive 5-10 minutes before class begins so that you can get comfortable and settled.
- Yoga is best practiced on an empty stomach, so try not to eat for 60-90 minutes before class. The center provides water and tea.
- Wear comfortable and stretchable clothing, and dress in layers for different levels of activity. Form fitting (rather than loose and baggy) clothing will help us see the actions and alignment of your body.
- Please do not wear scented oils or fragrances to class, some students are allergic.
- You may bring a yoga sticky mat if you like, but the center has plenty for your use.
- Please come with an open mind and a sense of humor and please feel free to ask any questions you might have.

We are looking forward to a fun series. Remember that enrollment in this class allows you to take any of the Ongoing Classes at the center for six weeks from the start of the series. Once you are comfortable, we encourage you to sample many teachers and styles.

May your yoga practice bring you great joy, balance and well- being.

Manny & Cristina Muros , Directors

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Newburyport, MA 01950
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Student Registration

Introduction to Yoga Series

Name _____ Date _____

Address _____

Home Phone _____ Cell or work phone _____

Email _____

Age _____ Sex _____ Height _____ Weight _____

How did you find out about us? _____

What is your intention in taking this class? _____

Do you have any prior yoga/meditation experience? What style? How long? _____

What physical activities do you regularly participate in? _____

Are you presently under the care of a medical doctor or a health practitioner?

_____ If yes, have they approved your taking yoga? _____

Do you have any illnesses, injuries or physical limitations we should know about? _____

Please detail any recent accidents or surgeries _____

Is there anything else you would like us to know about you? _____

Emergency Contact - Name _____ Phone _____



Student Information and Precautions

Yoga is more than just physical exercise. It is a balanced approach to the integration of body, mind and spirit, and seeks to create deeper levels of physical health and vitality, relaxation, awareness, and well-being.

Yoga is not, however, a substitute for medical attention, examination, diagnosis or treatment and is not recommended and is not safe under certain medical conditions. All exercise programs involve a certain risk of injury, and by choosing to participate in this yoga classes, you voluntarily assume a certain risk of injury. To reduce your risk of injury, please abide by the following guidelines:

- Do not force or strain in any of the postures
- Follow the teachers instructions carefully
- Listen to your body and respond to its needs at all times, even if that means coming out of a posture earlier than the group, or modifying the posture to meet your needs.
- Breathe fully, evenly and smoothly throughout each posture.
- During menstruation, women should not practice inversions or deep backbends.
- Pregnant women must consult their healthcare provider before enrolling.
- Those with high or low blood pressure or other serious or chronic health conditions must talk to the teacher about them before beginning the class.

Thank you and welcome!

Release and Waiver

I, _____ understand that yoga includes physical movements, as well as an opportunity for relaxation, stress reduction and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or debilitating, is always present and cannot be entirely eliminated. If I experience any pain or discomfort in any of the poses, I will listen to my body and adjust the posture or ask for support from the teacher. I will continue to breathe smoothly.

I understand that yoga is not safe under certain medical conditions and do not expect it to substitute for medical attention, diagnosis or treatment. I affirm that I alone am responsible to decide whether I practice yoga. I hereby agree to irrevocably release and waive any and all claims, demands and actions of any nature, whether present or future, anticipated or unanticipated, know or unknown, that result from my participation in yoga class or practice outside of class.

I have read, understood and agree to the contents of this release form:

Signature _____ Date _____

Printed Name _____