



New Student Questionnaire & Consent Form

Full Name: _____ Date: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email Address: _____

Date of Birth: ____/____/____ Gender: M / F (circle one)

How did you hear about us? Internet Friend Sign Ad Other

Emergency Contact Info

Name: _____ Relation: _____

Contact Phone: _____ Email: _____

Do you have any chronic conditions, injuries or illnesses we should know about?

If you have a		If yes, what date/year?
• heart condition/problem	Yes / No	
• are pregnant	Yes / No	
• have diabetes	Yes / No	
• high blood pressure	Yes / No	
• detached retina	Yes / No	
• spinal injuries either cervical, thoracic, or lumbar	Yes / No	
• sinus problems	Yes / No	
• carpal tunnel	Yes / No	
• knee injuries	Yes / No	
• chronic problems	Yes / No	
• ANY condition that would need a doctor's approval to participate in practicing Yoga?		

Are you currently under a doctor's care? If yes, please list name and phone number of doctor.

Do you regularly take medication(s) that would affect your participation in Yoga? If answered yes, what?

I, _____, am aware that I am engaging in physical activity and take full responsibility of my own health and welfare as a participant in this class or classes. I waive and release any claim or right to sue Sun Yoga Tampa and/or any of Sun Yoga Tampa's instructors or employees for any claim, injury, or personal loss or damages. In the case of attendance by minors/dependents under 18, as legal guardian, I assume responsibility those listed below.

Client/Guardians' Signature: _____ Date signed: _____

Minors/Dependents:

