westhartford**yoga**

Registration Form

Name

Street

City State Zip Code

Cell Phone # Home Phone #

Email

*please list your email address so we may contact you in case of series or workshop cancellations.

☐ Check here if you would like to opt-out of receiving our weekly newsletter emails.

Birthdate (optional)

Primary Reason for Visiting: (circle ONE)

Increase flexibility Relieve stress Strength building Weight Loss Other:_____

How did you hear about us: (circle ONE)

Print Ad Facebook Friend/Family Other:_____

Please list any injuries or limitations you have that may affect your yoga practice (e.g. low back pain, neck pain, arthritis, fibromyalgia, high blood pressure, heart disease, etc.). Is there anything else you feel we should know to support your participation in our classes?

I understand that some of the classes at West Hartford Yoga maybe vigorous and that some of the postures may be difficult for me. I take responsibility for my own safety while participating in any classes at West Hartford Yoga. I agree not to hold West Hartford Yoga or any of its teachers responsible for any injury which may occur during my participation at the studio. I understand that my participation in any activities at West Hartford Yoga could result in exposure to communicable diseases, including COVID-19.

Signed:_____ Date:_____