

# NEW STUDENT REGISTRATION

## Welcome to St. Petersburg Yoga!

Full Name \_\_\_\_\_  
(\*The name you will use to sign in to each class)

Email (\*For in-house use only) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Birthday \_\_\_\_\_

**How did you hear about us?**    Print Ad    Internet    Flyer

Friend/Relative. **What is their name?** \_\_\_\_\_

Sign/Drive by    Facebook    Other \_\_\_\_\_

### What would you like Yoga to help you with?

General Health    Lose Weight/Tone    Philosophy/Spirituality

Relieve Stress    Injury/Other \_\_\_\_\_

I, \_\_\_\_\_ (print name), understand that yoga includes physical movements as well as an opportunity for relaxation, stress re-education, and relief of muscular tension. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. If I experience any pain or discomfort, I will listen to my body, adjust the posture, and ask for support from the teacher. I will continue to breathe smoothly.

Yoga is not a substitute for medical attention, examination, diagnosis, or treatment. Yoga is not recommended and is not safe under certain medical conditions. I affirm that I alone am responsible to decide whether to practice yoga. I hereby agree to irrevocably release and waive any claims that I now have or may have hereafter against St. Petersburg Yoga.

\_\_\_\_\_  
Signature of Student, Parent, or Guardian

\_\_\_\_\_  
Day/Date

