

# UMass Yoga: Fall 2009

## Registration

☺ Please write legibly !! ☺

Membership type: (check one) \_\_\_\_\_ Drop-in \_\_\_\_\_ Status: (check one) \_\_\_\_\_ Undergraduate  
\_\_\_\_\_ 1 class/week \_\_\_\_\_ Graduate  
\_\_\_\_\_ 2 classes/week \_\_\_\_\_ Faculty  
\_\_\_\_\_ Unlimited Semester Attendance \_\_\_\_\_ Staff  
\_\_\_\_\_ Free Trial \_\_\_\_\_ Community

Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

E-mail \_\_\_\_\_ Student # \_\_\_\_\_

Telephone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

Emergency Contact \_\_\_\_\_ Relation to you \_\_\_\_\_

Telephone (Primary) \_\_\_\_\_ (Secondary) \_\_\_\_\_

How did you first hear about **UMass Yoga**? Friend \_\_\_\_\_ Flyer \_\_\_\_\_ Internet \_\_\_\_\_ E-mail \_\_\_\_\_  
Newspaper \_\_\_\_\_ Other \_\_\_\_\_

Have you practiced yoga before? \_\_\_\_\_ No \_\_\_\_\_ Yes If so, when? From \_\_\_\_\_ To \_\_\_\_\_

Style(s)? Anusara \_\_\_\_\_ Astanga \_\_\_\_\_ Bikram \_\_\_\_\_ Iyengar \_\_\_\_\_ Kripalu \_\_\_\_\_

Power \_\_\_\_\_ Sivananda \_\_\_\_\_ Vinyasa \_\_\_\_\_ Other \_\_\_\_\_

Why do you wish to start or continue to practice yoga? \_\_\_\_\_

What other types of physical activities do you currently participate in on a regular basis?

Please list any injuries or conditions that may limit your yoga practice (e.g. arthritis, asthma, back/neck pain, knee/ shoulder/ other joint pain, cancer, diabetes, epilepsy, hernia, glaucoma, high/low blood pressure, heart disease, osteoporosis, pregnancy, scoliosis, surgeries, etc.):

Many yoga students find gentle, hands-on guidance by their instructor to be very helpful. Please let us know whether or not you would like to receive this type of instruction. \_\_\_\_\_ Hands-on okay \_\_\_\_\_ No, thanks

Is there anything else you feel we should know about you?

## Liability Waiver

☺ Please read and sign below ☺

Awareness is fundamental to the practice of yoga, and I am fully aware that some of the yoga poses may be difficult for me and that it is my responsibility to monitor each activity and determine whether it is appropriate for me to participate. I acknowledge that it is also my responsibility to consult with a physician regarding any injury or condition that may affect my participation in this or other yoga programs offered. I agree not to hold the University of Massachusetts, its employees, or the instructors of this class liable for any injury or damages related to my use of the facilities or participation in this or other related programs offered on or off the studio premises.

Signed \_\_\_\_\_ Date \_\_\_\_\_