



Class Registration & Consent for Care Form

Name _____ Age _____ Date of birth _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____

Emergency Contact & Phone _____ Relation _____

The information requested below is solely for the use of Good Yoga Sanctuary and will not be shared. The information helps Good Yoga get to know you and what you want from your practice, so please try to fill out the form as thoroughly as possible. **Please bring completed form with you to first class.** Thank you very much!

Good Yoga classes are very popular and class space is limited. Advanced commitment to a 7-week class series is highly recommended. Please check your calendar carefully before you register.

At the time of registration, as a courtesy to students, Good Yoga allows a one-time \$10 deduction for a single anticipated missed class. Please indicate the date of that class in an e-mail to Good Yoga and in your check memo.

If you miss additional classes during the series, you may make up a class by attending another available class during the series. You may also donate missed class(es) to a friend or to the Good Yoga Scholarship Fund. If you cannot make up your missed class during the current series, you may make up one (1) missed class in the next series.

Select from the Following 7-Week Series (\$80):

- Monday Gentle Flow: 10-11:30 a.m.
- Monday Gentle Flow: 6:30 – 8 p.m.
- Tuesday Yoga Therapy: 10-11:30 a.m.
- Tuesday Gentle Flow: 2 – 3:30 p.m.
- Wednesday Gentle Flow: 10-11:30 a.m.
- Thursday Re-Creative Yoga: 10-11:30 a.m.
- Thursday Yoga for Beginners: 6:30 – 8 p.m.
- Friday Yoga Therapy: 10-11:30 a.m.

Make Payment and Send to:

Good Yoga, Inc.
19 Olney Rd.
Asheville, NC 28806

Questions?

Contact Kelly McKibben: goodyoga@charter.net, or (828) 281-1566. Thank you!

Good Yoga Policies:

Good Yoga sincerely appreciates the trust you place in us to help you come to a fuller understanding of yourself through the practice of yoga. We pledge to keep our work at the highest standards possible in all that we teach and do. We commit to supporting and encouraging your deepening self-awareness and self-care. We ask you to agree to the following policies:

- Due to class popularity, your payment is due in full at least one (1) week before the start date of the new series. Your payment is guarantee of registration.
- Should you cancel your participation after the start date of the series, you will be refunded 50% of your payment.
- If you must miss a class, contact Good Yoga no later than 3 hours prior to start time. Failure to do so results in forfeiture of a make-up class.

Personal Health History

Have you ever practiced yoga? Yes / No

If yes, when was your last yoga experience?

What style of yoga have you experienced? (Iyengar, Bikram, Ashtanga/Power, Kripalu, etc.)

Do you have a preferred method or style for your yoga experience? (therapeutic, gentle, dynamic, etc.)

Are you currently taking any medications? Yes / No

If yes, please list name and reason for medications _____

Are you currently seeing a healthcare professional? Yes / No

If yes, please list names and reason for treatment _____

Please check any of the below conditions that have affected your health either recently or in the past:

- | | | |
|---|--|--|
| <input type="checkbox"/> arthritis | <input type="checkbox"/> diverticulitis | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> asthma/breathing problems | <input type="checkbox"/> hepatitis | <input type="checkbox"/> scoliosis |
| <input type="checkbox"/> diabetes | <input type="checkbox"/> TMJ disorder | <input type="checkbox"/> seizures |
| <input type="checkbox"/> back problems/disc | <input type="checkbox"/> headaches/migraines | <input type="checkbox"/> skin conditions |
| <input type="checkbox"/> blood clots | <input type="checkbox"/> heart conditions | <input type="checkbox"/> stroke |
| <input type="checkbox"/> broken/dislocated bones | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> surgery |
| <input type="checkbox"/> bruise easily | <input type="checkbox"/> insomnia | <input type="checkbox"/> toe fungus |
| <input type="checkbox"/> cancer | <input type="checkbox"/> kidney problems | <input type="checkbox"/> varicose veins |
| <input type="checkbox"/> car accident | <input type="checkbox"/> auto-immune condition | <input type="checkbox"/> whiplash |
| <input type="checkbox"/> chronic pain | (fibromyalgia, chronic fatigue, | <input type="checkbox"/> chemical dependency |
| <input type="checkbox"/> constipation/diarrhea | lupus, etc.) | (alcohol, drugs) |
| <input type="checkbox"/> depression, panic disorder | <input type="checkbox"/> muscle strain/sprain | |

Please write any details about the above checked conditions:

Do you have any allergies or reactions to environmental allergens (dust, pollen, fragrances)?

Yoga Practice Aspirations & Goals

What are your primary aspirations and/or goals for your yoga practice?

What health issues are your major concerns?

What is your most usual stress level? ___no stress ___a little ___ medium ___major life stress

Are you aware of where you hold stress in your body? Yes / No
If so, where?

At your occupation, do you have repetitive motions or injuries?

Consent for Care

I understand that although yoga practice can be very therapeutic, it is not a substitute for medical examination, diagnosis and treatment.

Yoga practice should not be done under certain medical conditions. I affirm that I have discussed my practicing yoga and health limitations with my health care professional. I have answered all questions pertaining to health and medical conditions truthfully.

I have read and agree to the suggested guidelines for yoga practice in the Good Yoga Studio.

I agree to hold Kelly McKibben and Good Yoga harmless from any claims of injury, personal or property.

Signature: _____ Date: _____

Historically, there have been very few reported lawsuits stemming from injuries in a yoga class. I think that liability concerns can engage yoga studios and teachers in a thoughtful reflection of how to balance appropriate legal protection with the ethical and spiritual commitments yoga embodies.

One way to address liability concerns is by having students sign a consent form. Such a form discloses the risks and benefits of the yoga practice and allows the student to formally acknowledge his or her awareness of the disclosed risks.

If you have any questions, comments or concerns about this, please do not hesitate to contact Good Yoga.

Summary of Good Yoga Practice Guidelines:

- Inform your teacher as soon as you know you will be missing a class.
- Arrive 10-15 minutes before the start time of your class.
- If you are late to class, enter through the back door after the opening meditation.
- If you must leave early, exit through the back door before *savasana*.
- Inform your teacher of any injuries, allergies or relevant health issues.
- Listen to and follow instructions carefully.
- Ask questions; get clarifications; share impressions.
- Listen to the wisdom of your body and respond respectfully.
- Open your heart and mind to transformation.
- Rest when you need to.
- Stretch longer if you need to.
- Go to the bathroom when you need to.
- Drink plenty of water.
- Release sounds; sighs, groans, yawns, laughter, tears and smiles.
- Breathe smoothly and continuously as you move and stretch.
- Do not hold your breath or strain to attain any position.
- Work gently, respecting your body's abilities and limits.
- Don't perform postures or movements that are painful.
- Menstruating women should not practice strong inverted postures or dynamic pranayama.
- Pregnant women must consult their health care provider.
- Return your yoga mat and folded blanket to its original position.
- Do not wear any kind of scented oils or perfume.

Good Yoga . . . Feed Your Roots!
Kelly McKibben
(828) 281-1566
goodyoga@charter.net
www.goodyoga.net