Facilitated Healing Center's

YOGA REGISTRATION AND HEALTH FORM

Please **PRINT** this form and mail it with your check made payable to

"Facilitated Healing Center"

Mailing Address: Facilitated Healing Center, 211 Shunpike Rd., Cromwell, CT 06416
Phone: 860-635-0509 E-Mail info@cromwellyogastudio.com
URL: cromwellyogastudio.com

Name: _____

Address: _____

City: _____ State: _____

Zip: _____ E-Mail: _____

Class: _____ Time & Day: _____

Phone: _____

Medical Information

What is your age _____

Please describe your present state of health _____

Are you taking any long-term medication? If so, please name the drug and the reason you are taking it

_____

Please circle any of the following that apply to you:

- Chronic sinus condition
- High or low blood pressure
- Heart trouble
- Diabetes
- Recent surgery (name type)
  _____
- Hypoglycemia
- Hernia
- Asthma
- Intestinal complications
- Ulcers
- Genito-urinary difficulties
- Arthritis
- Psychological therapy
- Epilepsy
- Past or present allergies (to what?)
  _____

Please mention in detail any other health or medical condition that you believe may be helpful for your instructor to be aware of:

Please use this space to inform your instructor of any questions you may have relative to your full participation in this class:

DISCLOSURE AND RELEASE:
It is advisable to consult with a physician before participating in any exercise program. You are primarily responsible for your safety and well being.

I do hereby certify that the above information is true and complete to the best of my knowledge. I will assume all risk of damage or injury that may occur as a yoga student. I release and discharge Facilitated Healing Center, LLC or any of it's instructors from any claims, demands, and actions of any nature that result from my participation in this class.

SIGNATURE: _____ **DATE:** _____