



**REGISTRATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

Email \_\_\_\_\_

Would you like to subscribe to our newsletter? Yes No *(we do not sell or share your information!)*

DOB: \_\_\_\_\_ *(at least month/day - we do not discriminate on the basis of sex or age)*

What are your pronouns? He/Him She/Her They/Them Other: \_\_\_\_\_

How did you find out about Expansions Yoga? Please give a name so we may thank them.

\_\_\_\_\_

Number of years practicing yoga \_\_\_\_\_ What styles of yoga have you practiced? \_\_\_\_\_

\_\_\_\_\_

What other physical activities do you enjoy? \_\_\_\_\_

\_\_\_\_\_

What goals do you hope to reach through yoga (improved flexibility, increased strength, more endurance, reduced stress, better balance etc...)? \_\_\_\_\_

\_\_\_\_\_

Describe your present state of health: \_\_\_\_\_ Please list any physical or mental conditions that your instructor should be aware of. (Use back of page if necessary.)

\_\_\_\_\_

Anything else you would like us to know? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

I certify that the above information is true and complete to the best of my knowledge and that I will not hold Expansions Yoga or my instructor liable for any injuries arising from my participation in yoga class.

Signature \_\_\_\_\_ Date \_\_\_\_\_