

To register for a class, please print out this form and mail it along with a check for the class fee to: Yoga Body & Mind, LLC, P.O. Box 221, Weare, NH 03281. Your payment must be received at least a week in advance.

Name: _____	Date: _____
Phone: _____	Email: _____
Street: _____	City, State, Zip: _____
Date of Birth: _____	Occupation: _____
In Emergency Notify (Name): _____	(Relationship) _____
(Tel) _____	how did you hear about us: _____

Are you pregnant? \_\_\_\_\_

Do you have: a pacemaker? \_\_\_\_\_ Metal rods, pins, joint replacements? \_\_\_\_\_

Where? \_\_\_\_\_ Date of procedure (s)? \_\_\_\_\_

**Medical information (check all that apply and write date):**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> allergies/hay fever       | <input type="checkbox"/> heart condition         | <input type="checkbox"/> chronic fatigue     |
| <input type="checkbox"/> asthma                    | <input type="checkbox"/> high blood pressure     | <input type="checkbox"/> fibromyalgia        |
| <input type="checkbox"/> cancer                    | <input type="checkbox"/> low blood pressure      | <input type="checkbox"/> hernia (what type?) |
| <input type="checkbox"/> bulging or herniated disc | <input type="checkbox"/> psychological treatment |  |
| <input type="checkbox"/> degenerative disc disease | <input type="checkbox"/> seizures                |  |
| <input type="checkbox"/> fused vertebrae           | <input type="checkbox"/> arthritis (where?)      |  |
| <input type="checkbox"/> diabetes                  | <input type="checkbox"/> osteoporosis (where?)   |  |

**Additional information not listed above:**

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**List Injuries/car accidents/hospitalizations/surgeries with dates:**

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**Please indicate the class you are signing up for:** \_\_\_\_\_

Thank you for your cooperation!