



The Montecito Iyengar Yoga Studio

REGISTRATION

Name: _____

Address: _____
Street Address

City State Zip

Home Phone: _____

Work Phone: _____

Cell: _____

Email Address: _____

Medical Questionnaire

Please complete the following questionnaire before participating in your first class.
(This information is not for public use and will only be used for the protection of the Studio and its participants).

Name: _____ Age range 15-25
(please check) 25-35
35-45

Do you exercise regularly Y / N 45-55
55-65
65 +

Have you practiced Yoga before: Y / N

If yes, for how long and how recent? _____

Are you aware of any medical condition you have that might be aggravated by exercise?
(See guidance below)

Do you currently suffer from any Sports related injuries?

Have you ever suffered a serious injury by any other cause (e.g. Whiplash in a car crash?)

The following is for your guidance only.

We would like to remind you to consult a Doctor should you be in any doubt as to your suitability to attend one of our programs. It is especially important to see the teacher before the start of any session if you:

Suffer from heart disease, high blood pressure or any other cardio vascular problem.

Chest pains or tightness in the chest when carrying out anything with minimum effort.

You suffer from any lung condition e.g. asthma, bronchitis

You suffer from back or spinal pains

You have a medical condition that could interfere with your participation in exercises e.g. damaged knee or ankle joint or a recent operation.

You are prone to headaches, fainting or dizziness.

You are extremely under or over weight.

You are pregnant

You are a new comer to exercise aged over 35

You are currently taking drugs or medication for any reason, including painkillers.

Signed _____ Date _____