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Registration and Consent for Yoga Class: Mindful Yoga for Mood

Full Name _____ Date of Birth _____

Street Address _____ City _____ State/Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Emergency Contact: Name/relation _____ Phone _____

Who recommended this class? _____ May I thank them? Y N

Name of Primary Care doctor: _____

I am honored to have you join this yoga course and look forward to getting to know you during this time of learning and possibility. For your consideration, here are the policies for this class. Please initial before each statement to indicate your understanding and agreement:

____ This class will meet for six (6) consecutive weeks on Wednesday evenings from 5:30pm—6:45pm, October 12 through November 16, 2016.

____ Full payment of \$160 is due at the time of registration. You may cancel your participation for a full refund minus a \$10 processing fee up until October 4. If you notify me of cancellation between October 4 and October 12, you may be eligible for a full refund minus the \$10 processing fee if I am able to fill your reserved slot. If I am not able to fill the slot before the start date, you will be eligible for a refund of \$125.

____ This class is designed to offer yoga skills that help promote overall wellness. It is not being offered as a psychological intervention, nor is it designed to treat specific mental illnesses or emotional problems. Participation in this yoga class does not constitute a professional psychotherapy relationship with me. During this class, I will be in the role of yoga teacher.

____ On-time arrival is vital as each class will begin with a dedication and quiet contemplation. It is also important to stay to the end of each class, which will include meditation, as early departures can be disruptive to the flow of the class.

____ As with any exercise program, the practice of yoga can involve risks, although every effort will be made to offer safe and comfortable methods of practicing yoga. There can be risks to your physical health if you have certain conditions such as high blood pressure, pregnancy, cataracts/glaucoma, or other existing illnesses or injuries. It is very important to discuss with me before class starts any health concerns/conditions that may be affected by yoga postures or breathing exercises so that appropriate modifications can be made. Please use the following page to list any health conditions.

____ In this class, you are empowered to be the wise caretaker of your own body. If a pose or movement causes pain or discomfort, stop immediately and inform me. If a pose or movement threatens to make you lose your balance, please stop immediately and ask for assistance. There are modifications that can be made for almost every yoga pose and practice. Do not forsake the wisdom of your body for the sake of any yoga pose or practice.

____ Because stress, memories, and emotions can be stored in the body, it is possible that certain yoga movements may trigger intense or difficult emotions. These emotions often subside quickly by allowing the emotions to flow in and out of you. If you notice that these emotions do not resolve quickly, it is important to seek the guidance of a trained mental health professional.

____ As a yoga teacher, I may use touch or positioning to prevent injury or as a way to offer a more effective method of doing a pose or movement. In most cases, only light touch will be used and I will always ask for your permission before using touch, unless immediate action is needed to prevent injury. You have the right to refuse any touch.

____ You are aware that it is recommended to consult with your doctor before engaging in any new exercise regimen.

Again, I look forward to having you as a participant in the Mindful Yoga for Mood class. By signing this agreement, you are indicating that you have read this page completely, have had all of your questions answered, and have filled out the following health questionnaire accurately. You agree to the provisions freely and consent to the class policies.

Student Signature _____ Date _____

Health Questionnaire: Yoga for Mood

Name of Yoga Student _____

Date _____

Please indicate whether or not you have any of the following conditions or illnesses. If you answer "Yes," please provide detail in the space provided.

Condition/Illness	Y/N?	Details
Arthritis	Yes No	Part(s) of body affected?
Asthma or other lung condition	Yes No	
Chronic pain	Yes No	Part(s) of body affected?
Fibromyalgia	Yes No	
Glaucoma or other eye condition	Yes No	
Heart condition (includes atrial fibrillation, congestive heart failure, history of heart attack or stroke, or any other cardiovascular condition)	Yes No	
High blood pressure	Yes No	
Injuries (includes injuries to bone, organ, muscle, tendon, ligament, or other soft tissue)	Yes No	Part(s) of body affected? When did the injury occur?
Pregnancy	Yes No	How many weeks along at start of class? Due date?
Psychological trauma/PTSD	Yes No	When did the trauma occur? What treatment have you received?
Any other condition/illness not listed above that might affect your ability to participate in a yoga class	Yes No	