

Sample Client Intake Form (Prenatal Students)

(Date of Classes, Number of Classes – Session Name, i.e. Spring, 2009)

Name: _____ Email: _____

Home Phone: _____ Cell or Work Phone: _____

Address: _____

Emergency Contact: _____ Phone Number: _____

OB/GYN or Other Health Care Professional: _____

Phone Number: _____ Due Date: _____

Registering for:

- Entire Session (April 19 – May 24) – 6 Classes
- Drop-In (Dates: _____)

Yoga Questions:

1. Are you new to yoga?
 - Yes (skip to question 3)
 - No

2. How long have you been regularly practicing yoga?
 - Two to six months
 - Seven months to less than 1 year
 - One to three years
 - More than three years

3. Have you practiced yoga since you've been pregnant? Yes/ No

4. What are your two main reasons for taking yoga classes? (Check only 2)
 - To increase flexibility
 - To improve muscle strength
 - To increase energy
 - To reduce muscle tension in neck, shoulders
 - To reduce muscle tension in lower back
 - To improve circulation
 - To reduce feelings of stress/increase peace of mind
 - To improve breathing/learn new breathing techniques
 - To improve balance/coordination
 - To improve stamina
 - Other (please specify) _____

5. Do you currently have any injuries or physical limitations in addition to pregnancy? Please describe.

6. Do you have any of the following:

- High blood pressure
- Any heart condition (please explain)_____.
- Diabetes
- Neck or back problems (please explain) _____.
- Sciatica

Thank you for completing this questionnaire.

Sample Release Form

I, _____ (name), hereby give permission for my participation in yoga classes at (name of facility) of (location/city). I further authorize, without my prior approval, the rendering of any emergency medical treatment that may become necessary due to my participation in yoga.

In consideration of the permission granted to me to participate in yoga classes, I do hereby agree, on my own behalf, to release (name of yoga provider), its officials, administrators, employees, representative and volunteers, as well as (name of facility), from any an all actions, causes of action, damages, claims, or demands of whatever kind or nature which I may have for any injuries, known or unknown, which are incurred by, arise from, or in any way relate to my participation in yoga classes.

I realize that I am participating in yoga classes at my own risk. My signature is binding to this liability waiver from this day forth. I have read this release and fully understand its terms. I execute the release voluntarily and with full knowledge of its significance and consequences.

Participant Signature

Date