

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone (home and work): \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to be added to the Yoga by Kim events e-mail list?:

No \_\_\_ Yes \_\_\_ (you will receive a confirmation email)

Birthday: \_\_\_\_\_

Experience with yoga, relaxation, meditation or related courses: \_\_\_\_\_

\_\_\_\_\_

Current exercise program: \_\_\_\_\_

Please list any medications you are taking and what they are for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list your history of surgeries, illnesses, chronic conditions, accidents, or health concerns you have had and the approximate dates:

\_\_\_\_\_

\_\_\_\_\_

What is your primary reason for taking this program?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Yoga class may involve hands-on assisting and touch to help in alignment or to assist the release of tension. If you are sensitive to touch or have any concerns, please check here \_\_\_\_\_. I will honor your personal space and boundaries.

Yoga is not meant to take the place of professional medical advice. If you have particular health concerns, for example, a neck injury or abnormal blood pressure, please consult your physician before starting any movement or exercise program. Do not practice inverted poses if you have hiatal hernia, retinal problems, glaucoma, heart problems, neck problems or an infection in your head.

I have read the above and agree that all information is true and have consulted my doctor before beginning any exercise or movement program:  
(please sign): \_\_\_\_\_



Please mark any areas of tension with a **T** and any areas of pain with a **P**

