

# Park Cities Yoga REGISTRATION FORM

5934 Royal Lane, Suite 252 Dallas, TX 75230 214.350.2269 [www.parkcitiesyoga.com](http://www.parkcitiesyoga.com)

## CONTACT INFORMATION: (please print)

YOUR NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(FIRST) (LAST)

CHILD'S NAME (if participating): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(FIRST) (LAST - if different)

MAILING ADDRESS: \_\_\_\_\_  
(STREET OR P.O.) (APT.)

\_\_\_\_\_  
(CITY) (STATE) (ZIP)

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ ALT. PHONE (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

*Privacy statement: Park Cities Yoga will not sell or distribute your personal information to any third parties. All client information is treated as confidential. Park Cities Yoga will occasionally notify its clients via mail and e-mail about special programs sponsored by the studio or its staff. Please check here if you do not want to receive this information: \_\_\_\_\_*

## MEDICAL HISTORY: Use the back of this form if necessary.

DATE OF LAST PHYSICAL EXAM: \_\_\_\_/\_\_\_\_/\_\_\_\_ ARE YOU PREGNANT? Y N DUE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

INJURIES OR MEDICAL CONDITIONS: \_\_\_\_\_

IF SO, WHEN DID YOU LAST HAVE SYMPTOMS? \_\_\_\_\_

ARE YOU CURRENTLY UNDER A DOCTOR'S CARE? \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING: \_\_\_\_\_

## YOGA EXPERIENCE:

HAVE YOU TAKEN YOGA BEFORE? Y N IF SO, WHERE? \_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_ WHAT STYLE OF YOGA? \_\_\_\_\_

HAVE YOU TAUGHT YOGA? Y N FOR HOW LONG? \_\_\_\_\_

WHAT DO YOU EXPECT FROM YOUR EXPERIENCE TODAY? (Get in shape, rehabilitate an injury, recover from an illness or surgery, learn relaxation techniques, etc.) \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

I am undertaking yoga at my own risk. Although the instructors and staff of Park Cities Yoga take every precaution to assure the safety and well-being of their clients, I understand that, as with all physical endeavors, injuries can occur. I will not hold Park Cities Yoga, Jeffry Farrell, or other instructors liable for any injury or damage incurred, at or about the premises, to my body or belongings either by negligence or accident.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_