



Program Registration form

Please note: All information on this form will be kept confidential.

PERSONAL INFORMATION

DATE:

Name:

Address:

City / Prov.:

Postal Code:

Phone number:

Email:

emergency contact / phone #:

Would you like to receive email updates from Return to Balance Yoga for upcoming classes and events? (Your contact info will not be shared)

How did you hear about Return to Balance?

SPORTS / MEDICAL HISTORY

Prior yoga experience, if any:

General physical activity level:

What are you hoping to gain from these sessions?

PRESENT HEALTH CONCERNS

Do you have any medical conditions for which you are followed by a physician?

Please list in order of importance to you any current injuries, medical conditions, aches or pains that are troubling you or might affect your ability to participate comfortably in this class (or simply need to be taken into consideration).

Thank you.

Robyn Monk E-RYT, CYA-YT, Certified Yoga Therapist

Return to Balance Yoga

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www.returntobalanceyoga.ca